STATE OF KANSAS

Department for Children & Families Office of Background Investigations

ADULT ABUSE, NEGLECT, EXPLOITATION CENTRAL REGISTRY RELEASE OF INFORMATION

OBI 10400 REV 4/22

I, , give permission for the release of information concerning

**(PRINT Full Name)**

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

**Contact Person(s)\* Phone**

**Agency name Agency mailing address Email address: Will return via Encrypted email unless marked otherwise**

Maiden Name and/or Other Names Known By:

**(PRINT ONLY)**

**Address:**

**Street City State Zip Code**

**DOB**: **SS#:**

Male

Female

**(mm/dd/yyyy) (mark one)**

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry each year while I am employed or associated with the above agency. Yes No

**Signature**: **Date**:

**(An Ink Signature or a Verified E-Signature is Required for Processing) (mm/dd/yyyy)**

**RETURN TO:**

**Email: DCF.APSRegistry@ks.gov**

**Mail: Office of Background Investigations**

Adult Abuse Registry

P.O. Box 751043

Topeka, Kansas 66675

*(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)*

|  |  |
| --- | --- |
|  |  |
| **For Official Use Only: Mark in this area if PROHIBITED** | **For Official Use Only: Mark in this area if CLEARED** |