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

(PRINT Full Name)  myself in the Adult Abuse, Neglect, Exploitation Central Registry to:  Contact Person(s)* 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)  I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have re 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:  (An Ink Signature or a Verified E-Signature is Required for Processing)  Mail: Office of Background Investigations Adult Abuse Registry P.O. Box 751043 Topecka, Kamsas 66675 (Please allow 3-3 days for processing email requests and an additional 5-7 days if returning by US Postal Service)	I,	give permission for the release	of information conc	erning
Contact Person(s)* Agency name Agency mailing address  Email address: Will return via Encrypted email unless marked otherwise    Maiden Name and/or Other Names Known By:				C
Agency mailing address  Email address: Will return via Encrypted email unless marked otherwise	myself in the Adult Abuse, Neglect, Exploitation Central Regis	stry to:		
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Email address: Will return via Encrypted email unless marked otherwise    Maiden Name and/or Other Names Known By:   (PRINT ONLY)	Agency name			
Maiden Name and/or Other Names Known By:    CPRINT ONLY    Address:   Street   City   State   Zip Code	Agency mailing address			
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Street  City  State  Zip Code  DOB:  SS#:    Male   Female     Mark one     Mark on		(PRINT ONLY)		
DOB:    Male   Female   Female	Address:			
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For Official Use Only: Mark in this area if PROHIBITED  For Official Use Only: Mark in this area if CLEARED	and understand this form and information provided is true and content of the release of any information concerning making I am employed or associated with the above agency.  Signature:  (An Ink Signature or a Verified E-Signature is Required RETURN TO:	Yes NoDate:		
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