

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