

Virginia Department of Social Services/Child Protective Services Central Registry Release of Information Form

MAIL REPLY TO: Agency, Individual or Authorized Agent

Purpose of Search Check one

Name <u>INQUIRIES, INC.</u>	Foster Parent _____ School Personnel _____ Adoptive Parent _____ Institutional Employee _____ Custody Evaluation _____ Other Employment _____ Babysitter/Family Day Care _____ Day Care Center _____ CASA _____ Volunteer _____ Other _____
Street/RFD <u>129 N. WEST ST.</u>	
City <u>EASTON</u> State <u>MD.</u> Zip Code <u>21601</u>	
Attention person <u>OPERATIONS DEPT.</u>	Phone Number _____

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Read all INSTRUCTIONS before completing form: Incomplete forms will be returned.

1. Type or print legibly in ink.
2. Indicate N/A if not applicable. (Incomplete forms will be returned)
3. Submit a separate form for each individual whose name is to be searched.
4. Provide proof of identify and sign Part III in the presence of a Notary Public.
5. Enclose \$5.00 money order, company /business check or cashiers check payable to: Virginia Department of Social Services (unless waived)
DO NOT SEND CASH or PERSONAL CHECKS.
6. Search results disseminated beyond the requesting agency/individual named below is not considered official.
7. Mail completed form to: **Virginia Department of Social Services, 7 N. Eighth Street, 4th floor, Richmond VA. 23219**

** Payment Code/Fips (as assigned by Central Registry Unit) _____

Part II: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED

Identifying Information

Last Name	First Name	Full Middle	Maiden Name (Birth Last Name)
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If birth name is an initial only, show the initial and write "only initial". If there is no middle name, show "N/A"

Sex	Race	Date of Birth	Last Names from Previous Marriages	Social Security# or Driver's License Number
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All Other Names By Which Individual Has Been Known _____
 (Nicknames, previous married names...)

Current Address

Street	City	State	Zip Code
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Prior Addresses and Dates

Street	City	State	Zip Code	Date
Street	City	State	Zip Code	Date

Current Spouse _____
 (N/A if not married)

Last Name	First	Full Middle (no initials)	Maiden name	Sex	Race	Birth Date
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All Previous Spouses

Last Name	First	Full Middle (no initials)	Maiden name	Sex	Race	Birth Date
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Full Names of All Children: (Include Adult Children, Step, Foster and Children Not Living with You. Attach additional paper if needed)
 Show "N/A" if you do not have children

Last	First	Full Middle (no initials)	Sex	Race	Birth Date
Last	First	Full Middle (no initials)	Sex	Race	Birth Date
Last	First	Full Middle (no initials)	Sex	Race	Birth Date
Last	First	Full Middle (no initials)	Sex	Race	Birth Date

Part III: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of person to be searched
(Sign in the presence of a notary)

CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, 20____

Notary Public signature

My Commission Expires: _____

CENTRAL REGISTRY FINDINGS
(To be used by Central Registry staff only)

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to Central Registry Unit in order for us to make a determination.

Worker: _____

Date: _____

2. Based on information provided by the local department of social services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the _____ Department of Social Services at: _____

Street City State
Telephone _____ in reference to Child Protective Service case/File# _____

3. _____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Child Abuse/Neglect Central Registry.

Signature of worker completing search: _____ Date: _____