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| State_Seal3STATE OF WASHINGTONDEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)BACKGROUND CHECKS1110 Jefferson Street SE, Suite 201Olympia, Washington 98504-9070, FAX 360-407-5577**Child Abuse and Neglect Information Request** |
| **A. Request for Records by DCYF Staff** |
| REQUESTING CASEWORKER’S NAME, LAST | FIRST | TITLE |
| REGION | OFFICE |
| MAILING ADDRESS CITY STATE ZIP CODE |
| TELEPHONE NUMBER (INCLUDE AREA CODE) | FAX NUMBER (INCLUDE AREA CODE) | E-MAIL ADDRESS |
| **B. Signature of Requestor** |
| REQUESTED BY (SIGNATURE) DATE SIGNED  | REQUESTED BY (PRINT NAME) |
| **C. Authorization to Disclose Records of:** |
| NAME, LAST | FIRST | MIDDLE | DATE OF BIRTH |
| FORMER NAME(S) | SOCIAL SECURITY NUMBER |
| STATE AND COUNTY OF FORMER RESIDENCE | DATES OF RESIDENCY IN STATE / COUNTY |
| PREVIOUS STREET ADDRESS CITY STATE ZIP CODE |
| PREVIOUS STREET ADDRESS CITY STATE ZIP CODE |
| PREVIOUS STREET ADDRESS CITY STATE ZIP CODE |
| **D. Authorization** |
| **By signing below, I authorize the release of information related to allegations of child abuse and neglect to the State of Washington DCYF.**  |
| SIGNATURE DATE SIGNED  | PRINT NAME |
| Federal law 42 U.S.C. 671 requires that a state agency placing a child in out of home care request Child Abuse and Neglect Registry information from any State in which any adult living in the home has resided in the preceding 5 years before final approval of the placement. |