|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| State_Seal3  STATE OF WASHINGTON  DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  BACKGROUND CHECKS  1110 Jefferson Street SE, Suite 201  Olympia, 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. | | | | | |