



INTERSTATE CENTRAL REGISTRY RELEASE OF INFORMATION

Instructions:

1. Applicant to submit a complete, typed form with all applicable information. If an item is not applicable, please note as N/A.
2. Submit a separate form for each individual whose name is to be searched. Each form must be signed by the person whose name is to be searched, and notarized.
3. Mail forms to: OLR-AWA, P.O. Box 6030, Site Code C010-22, Phoenix, AZ 85005

1. Search Request Information

Name to be Searched (Last, First, Middle)		Maiden Name if Applicable	
Nicknames/Alias Known By (Including last names from previous marriages; Use a separate sheet if necessary)		Email Address	
Female	Male	Date of Birth	Driver's License No./Issuing State
Gender/Sex		Social Security Number	
Current Spouse's Full Name (Last, First, Middle)			
List All Prior Spouse's Names (Use separate sheet if necessary)			
List Full Names of Children (Adult, step, foster, adopted and not living with you; Use separate sheet if necessary)			

2. Addresses for the Past Five (5) Years ~Use a separate sheet if necessary

Current Address

Current Address	City	State	Zip	Phone No.
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Previous Addresses

1	From (Year)	to	To (Year)	Physical Address	City	State	Zip
2	From (Year)	to	To (Year)	Physical Address	City	State	Zip
3	From (Year)	to	To (Year)	Physical Address	City	State	Zip



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3. Signature & Notary

I hereby certify under penalties of perjury that the answers given above are true and correct to the best of my knowledge and belief.
By signing this document, I give permission to the states mentioned above to conduct a search of their Central Registry for Abuse/Neglect records and to release any and all information in its entirety to the Arizona Department of Child Safety.

_____ <i>Applicant's Name (Please Print)</i>	_____ <i>Applicant's Signature</i>	_____ <i>Date Signed</i>
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_____ <i>State</i>	_____ <i>County</i>	Subscribed and sworn or affirmed and acknowledged before me this ____ day of _____, 20____ <i>Day Month Year</i>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <i>Notary Stamp</i>
My commission expires: _____ <i>Commission Expiration Date</i>			
_____ <i>Signature of Notary Public</i>			

For Use Only by State, County or Agency providing information to Arizona

Substantiated or founded Protective Services report(s) has (have) been located in this state involving the above named individual. *(attach)*
No substantiated or founded Protective Services report(s) has (have) been located in this state involving the above named individual.

_____ <i>Title of Person Completing Registry Check</i>	_____ <i>Signature</i>	_____ <i>Date</i>
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Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.