PUBLIC SCHOOL DISTRICTS ONLY

CC-1630
Rev. 7-02

LEGALLY EXEMPT
RELEASE OF INFORMATION
CHILD ABUSE/NEGLECT REGISTRY CHECK

DCF requires the name of all persons who work, reside, or volunteer in a facility that is legally exempt from KDHE regulation to be cleared in the Kansas Child Abuse/Neglect (CAN) Registry. Please complete the information below and return to the local DCF office.

1. Name of Facility:_____

   Address:_____

   Name of Director:_____ Telephone: (____)_____

2. Please list all persons who work, reside or volunteer in the legally exempt facility. Each person listed should sign or initial his/her name as a release of information from the Registry to the Director of the facility. Additional names can be listed on reverse side or on an additional sheet.

3.

First Name	Middle Initial	Last Name	AKA/Maiden Name	DOB	SSN	Signature or Initial

CENTRAL REGISTRY INFORMATION:

1. Validated/Confirmed report of abuse/neglect on file in the Central Registry: ☐ Yes ☐ No Checked by:_____ Date:_____
   (Name of Staff)

Signature of DCF Staff (if different than above):_____ Date:_____

DISTRIBUTION: Original - DCF File; Copy - Facility