

Kansas Department of Social and Rehabilitation Services
Child Abuse and Neglect Central Registry
PO Box 2637
Topeka, KS 66601

Child Abuse and Neglect Central Registry
Release of Information

I, _____, give permission for the release of any information concerning
(please print complete first, middle, and last name)
myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Shirley Arteaga

Agency Name: CILSWKS

Mailing address: 1802 E. Spruce St., P.O. Box 2090
Garden City, KS 67846

Phone Number: (620) 276 - 1900

I understand that all information released will be for the exclusive and confidential use of the above
named organization / person / agency.

★★ Please complete the information below by printing in ink. ★★
Please print legibly. Do not leave any space blank. All requested information is required to
process this request. Incomplete information will result in the release not being processed
and will be returned as insufficient.

First, Middle, and Last Name: _____

Maiden Name: (Female applicant only) _____

Married Names, Nicknames or Other Names Used:
(Use N/A if no other names used.) _____

Date of Birth: _____ Race: _____

Social Security # _____ Gender: Male Female

Signature: _____ Date: _____

Current Address: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601. The following state agencies are exempt from the \$10.00 fee: JJA (Central Office or Facilities), KNI, Dept. Of Education-Central Office, KDHE, State Hospitals, State Correctional Institutions, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states.

For Central Registry Use Only

___ **FEE ATTACHED**