



AUTHORIZATION AND CONSENT TO RELEASE INFORMATION FROM THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

INSTRUCTIONS

- This form must be completed in its entirety.
- It must be signed by the person that is being checked, or, by their parent or guardian if the subject of the search is under the age of eighteen (18).
- The signature must be notarized.
- Include a check or money order in the amount of \$20.00 payable to: "Idaho Department of Health and Welfare" or "IDHW".
- Requests must be mailed to:

Idaho Department of Health and Welfare
Criminal History Unit
P. O. Box 83720
Boise ID 83720

PERSON BEING CHECKED: (PRINT CLEARLY or TYPE)

Form with fields: Full Name (Last, First), Date of Birth, Gender (M/F), Maiden/Former Name/Aliases, Social Security Number

RETURN RESULTS TO: (If an email address is provided, that will be the default return process)

Form with fields: Licensing Agency/Employer Name, Street/PO Box, City/State/Zip, Fax Number, Email Address

REASON FOR REQUEST:

Select the reason for requesting an Idaho Child Protection Registry Check. If the reason for the request is not listed, select "Other" and specify the law/ordinance requiring the check to be completed.

- Foster Care/Adoption/ICPC (Adam Walsh Act 42 USC 16961 Section 152)
- Child Care Employment (CCDBG)
- Guardian ad Litem/Court Appointed Special Advocate
- Other (specify):



Authorization and Consent to Release Information From the Idaho Child Abuse and Neglect Central Registry

IMPORTANT:

This request cannot be processed without the notarized signature of the person being checked.

I authorize and direct the Idaho Department of Health and Welfare Criminal History Unit to release the results of this search of the Child Abuse and Neglect Central Registry to the agency above.

I understand that the results and information about me contained in the Child Abuse and Neglect Central Registry may prove to be unfavorable to me and that a history of substantiated child abuse or neglect will effect my ability to work with children or vulnerable adults. I further understand that this information may later be disclosed by the individual/organization listed above. I do hereby fully, finally and forever discharge, release, acquit, and hold harmless the Idaho Department of Health and Welfare, its officers, agents, employees, and staff from any and all claims, liens, demands, liability, suits, judgments, or actions of whatever kind, whether known or unknown, which I may have at any time associated with the release of information I have requested using this form. If it appears to me that the information in the Child Abuse and Neglect Central Registry has not been updated or appears inaccurate, I will notify the Idaho Department of Health and Welfare immediately. This authorization and consent shall be binding upon my heirs, representatives, executors, administrators, assigns, and successors and no promise, inducement or agreement not herein expressed has been made to me. The terms of this authorization and consent are contractual in nature and are not mere recitals. This is a continuing authorization and consent which shall remain effective until revoked by me in writing.

THE UNDERSIGNED HAVE READ THE FOREGOING AND FULLY UNDERSTAND IT.

Signature (or parent/guardian if under 18): _____

State of _____

County of _____

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____.

Notary Public Signature _____

My Commission expires on _____

SEAL

RESULTS: (To be completed by IDHW Staff only)

<input type="checkbox"/>	The above named individual is not listed in Idaho's Child Abuse and Neglect Central Registry
<input type="checkbox"/>	The above named individual is listed in Idaho's Child Abuse and Neglect Central Registry
<input type="checkbox"/>	Unable to process due to:
	<input type="checkbox"/> Incomplete form
	<input type="checkbox"/> Payment not included
	<input type="checkbox"/> Illegible—unable to read information in form
	<input type="checkbox"/> Other:

COMPLETED BY: (IDHW Staff only)

Date:	Signature:	Document Number:
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