



**INSTRUCTIONS**

I hereby authorize the following information request from the Nebraska Adult Central Registry and/or the Nebraska Child Abuse and Neglect Central Register, which is maintained by the Division of Children and Family Services. Agencies agree to use the information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults

**All designated fields must be completed or the request will be returned and not processed.** If this document is not typed, all information must be clearly printed and legible.

**AUTHORIZATION**

I authorize the Division of Children and Family Services to conduct the following type(s) of checks:

- Adult Protective Services Central Registry       Child Protective Services Central Register

**TYPE OF CHECK**

Select only one:

- Agency Requested Check       Self Check

Is this a request for an Adoption?       Yes       No

**AGENCY INFORMATION:** This section must be completed if this is an agency request.

Agency ID Number	Agency Name
<input type="text"/>	<input type="text"/>

**APPLICANT INFORMATION**

First, Middle, Last Name

Date of Birth	Age	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

E-Mail Address (CFS will use this email as the primary method of contact)

Other names previously used such as former married names, maiden name and nick names used during the past 20 years

First, Middle, Last Name

Names and birthdates of your children and children who lived with you

All previous addresses at which you have resided during the past 20 years (minimum City & State):

#### SIGNATURES & DATES

This signature authorizes the Division of Children and Family Services to conduct the background checks indicated and to release that information to myself or the designated agency. **This authorization is valid for a period of 6 months from the date of signature.** Legal guardian signature is required if the applicant is less than 19 years of age.

Signature of Applicant

Date

Signature of Applicant's Legal Guardian (Note: this signature is necessary only if applicant is less than 19 years of age).

Date

#### SELF CHECK

Notary is required for Self-Check only.

Seal of Notary

Notary Public

#### AGENCY CHECK

The undersigned Agency employee hereby certifies that he or she has verified the identify of the applicant by examining the applicant's identification documents.

Agency Employee Signature

Agency ID Number

Date