



DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



Fax or Mail Request to:

OCCL, Criminal History Unit
Concord Plaza, Hagley Building
3411 Silverside Road
Wilmington, DE 19810
Phone: 302-892-5800 Fax: 302-633-5191

When requesting Child Protection Registry checks:

- Allow 15 working days for results to be processed
Do not use a cover sheet
Do not send duplicate requests
Form must be submitted to DSCYF within 90 days of signature date in order to be processed

PART I. APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name: Last First Middle

Other Name(s) used: DE Drivers License #

Social Security # Date of Birth: Sex: Race: mm / dd / yyyy

Address: (Street) (City) (State) (Zip)

Have you ever been involved in a substantiated case of child abuse or neglect? [ ] Yes [ ] No

If yes, explain:

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: Date:

Parent / Guardian Signature (If applicant is under the age of 18)

PART II. AGENCY/ORGANIZATION INFORMATION - (MUST BE COMPLETED IN ORDER TO PROCESS)

Please check only one: EDUCATION HEALTH CARE CHILD CARE OTHER

Agency Identification Number (if applicable):

Requesting Agency Name:

Address:

Phone: Fax: Contact Person:

DSCYF USE ONLY:

The individual listed above ( is listed) ( is NOT listed) on the Delaware Child Protection Registry.

Date: DSCYF Criminal History Unit