

Authorization and Consent to Release Information Utah Child Abuse Central Registry Request

INSTRUCTIONS

1. Please PRINT legibly or TYPE

2. Submit form with a LEGIBLE and CURRENT copy of one of the following photo identifications:

- a. Valid Driver License
- b. State Identification Card
- c. Passport

3. Please send COMPLETED form and COPY OF PHOTO ID to Division of Child & Family Services by:

- a. **EMAIL (preferred):** dcfscentralregistry@utah.gov
- b. **FAX:** 801-538-3993
Attn: Child Abuse Background Screening
- c. **MAIL:** Division of Child & Family Services
Attn: Child Abuse Background Screening
195 N 1950 W
Salt Lake City, UT 81116

APPLICANTS INFORMATION

First Name:

FULL Middle Name:

Last Name:

Former Names (include maiden names, other married names, aliases)

Date of Birth:

Social Security Number:

Phone Number:

Email:

Current Address:

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

Name:
Cory Haight

Agency: (If applicable)
Interlochen Arts Camp

In Person (Walkins)

Email Address:
dhsforms@interlochen.org

Fax:
231-276-7850

Mailing Address:
4000 J Maddy Parkway, Interlochen MI 49643

REASON FOR REQUEST

Select the reason for requesting a Utah Child Abuse Central Registry Check. **If the reason is not listed, select "other" AND specify the law/ordinance requiring the check.**

Foster Care/Adoption/ICPC (Adam Walsh Act 42 USC § 671)

Utah Private or Step Parent Adoption (Utah Code 78B-6-128)

Child Care Block Grant Act Provider: Facility# Sponsor:

Custody Evaluation

GAL/CASA

Gestational Surrogacy

Employees/Volunteers of congregate care or residential treatment settings (Families First Act)

Employment/Volunteer
(Please see 62A-4a-1006(7)(a) & (b))

Agency/Organization:
Interlochen Arts Camp

Self Check/Other (Please explain):

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IMPORTANT

THIS REQUEST CANNOT BE PROCESSED WITHOUT A SIGNATURE OF THE PERSON BEING CHECKED

The Utah Department of Human Services, Division of Child and Family Services (DCFS) is authorized to investigate any past and present child abuse information which may be pertinent to your application according to UCA 62A-4a-1006 and UCA 78B-6-128. The release of any and all information is authorized whether it is of record or not. By signing below, I certify that I have read and understand this entire form, and that the information I have provided here is true, accurate, and complete to the best of my knowledge. I understand that providing false or incomplete information may result in delaying or possibly denying my request for background screening. It is also my understanding that under Utah Law, it *is a* crime for an unauthorized person to require me to request a background screening as *a* condition of employment, I also understand that DCFS may not release the results of this background screening unless I give my written consent, or unless such is authorized by law. **I** do hereby release all persons and entities from any legal liability, for furnishing such information to the State of Utah, Division of Child and Family Services.

Signature of Applicant:

Date:

(To be completed by DCFS staff only)

ORIGINAL DATE RECEIVED:

Walk in?

Yes

Date Completed:

The above named individual **IS NOT** listed in the Utah Child Abuse & Neglect Central Registry

Date Completed:

The above named individual **IS** listed in the Utah Child Abuse & Neglect Central Registry

Date Returned (if applicable):

Unable to process due to:

Incomplete or illegible form

Valid ID missing or illegible

Signature

Other

Verified by:

