



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

**INSTRUCTIONS**

- This form **must** be filled out electronically (typed) and hand signed. Any handwritten or incomplete forms will be returned for correction.
- It **must** be signed by the person that is being checked, or by their parent/guardian if the subject of the search is under the age of eighteen (18). **Electronic signatures will be rejected.**
- The signature **must** be notarized.
- Include a check, money order, or appropriate invoice in the amount of \$20.00 payable to: **“Idaho Department of Health and Welfare”** or **“IDHW”**. **DO NOT SEND CASH.**
- Requests **must** be mailed to: **IDHW – Background Check Unit**  
**ATTN: CWIS**  
**1720 N Westgate Dr Suite B**  
**Boise, ID 83704**

**PERSON BEING CHECKED (MUST BE TYPED):**  
IF THE FORM IS INCOMPLETE, IT WILL BE REJECTED AND RETURNED

LAST NAME:	FIRST NAME:
MAIDEN/FORMER NAME(S)/ALIASES:	
DATE OF BIRTH (MM/DD/YYYY):	SOCIAL SECURITY NUMBER:

**AGENCY INFORMATION:**

IF THIS REQUEST IS FOR A CITY DAYCARE LICENSE, LIST THE CITY NAME AS THE LICENSING AGENCY IN THE SECTION BELOW

LICENSING AGENCY/EMPLOYER NAME:

**RETURN RESULTS TO:**

IF AN EMAIL ADDRESS IS PROVIDED, THAT WILL BE THE DEFAULT RETURN PROCESS

NAME: <b>TN Department of Human Services - OIG Background Unit</b>	
STREET/PO BOX: James K Polk Bldg, 15th Floor, 505 Deaderick St.	EMAIL: <b>CCBackground.DHS@tn.gov</b>
CITY/STATE/ZIP: <b>Nashville, TN 37243</b>	FAX NUMBER: <b>615-532-9956</b>

**REASON FOR REQUEST:**

SELECT THE REASON TO SEARCH THE IDAHO CHILD PROTECTION REGISTRY

Foster Care/Adoption/ICPC (Adam Walsh Act 42 USC 16961 Section 152)
Child Care Employment (CCDBG)
Guardian ad Litem/Court Appointed Special Advocate
Employment with Vulnerable Peoples



## 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 Background Check 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.**

PRINT NAME: _____	SIGNATURE REQUIRED (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**

	THE ABOVE NAMED INDIVIDUAL <b>IS NOT</b> LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.
	THE ABOVE NAMED INDIVIDUAL <b>IS</b> LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.
	UNABLE TO PROCESS DUE TO:
	INCOMPLETE FORM
	PAYMENT NOT INCLUDED / INCOMPLETE
	SIGNATURE MISSING OR NOTARY PORTION INCOMPLETE
	OTHER: _____

**COMPLETED BY: (IDHW STAFF ONLY)**

STAFF SIGNATURE: _____	DATE: _____
------------------------	-------------