



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Children and Families  
Office of the General Counsel  
Background Record Check Unit

**Department Central Registry Record Request  
for Child Placement, Employment or Licensure**

**Purpose:** ☐ Employment ☐ Licensing ☐ Other (Please Explain): \_\_\_\_\_

**Requestor Information:**

\_\_\_\_\_  
TN Department of Human Services - OIG Background Unit

Requestor Name

\_\_\_\_\_  
James K. Polk Building, 15th Floor, 505 Deaderick St. Nashville, TN 37243

Requestor Address

\_\_\_\_\_  
Basem Girgis - Director

Contact Person Name (if different from above)

\_\_\_\_\_  
615-253-4170

Phone Number

\_\_\_\_\_  
CCBackground.DHS@tn.gov

Email Address

**Applicant/Employee Information:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Last 4 Digits of Social Security Number

\_\_\_\_\_  
Mother's Maiden Name

\_\_\_\_\_  
Applicant/Employee Phone Number

\_\_\_\_\_  
Applicant/Employee Email Address

**All Prior First, Middle, Last Names or Nicknames Used:**

**Current Home Address and Any Prior Addresses in the Past 5 Years:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

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Street Address

City, State and Zip Code

**Applicant/Employee Consent:**

I, \_\_\_\_\_, (Applicant/Employee Name) authorize the Department of Children and Families to:

- search its Central Registry of Child Abuse/Neglect to determine if there are any supported reports of child abuse and/or neglect involving me and inform the requestor of the result; and
- if there are any supported reports involving me, provide copies of the reports to the requestor.

I certify that the information above is correct.

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Signature

Date

**Requestor Certification:**

I, \_\_\_\_\_, (Name of Staff Member/Requestor), certify that the applicant/employee named on page 1 has provided proof of their identity and that the applicant/employee information above is correct to the best of my knowledge based on the proof of identity provided.

I understand that the Department will search its Central Registry based on the information provided by the applicant/employee and that search results will be limited to exact matches to the provided information.

I request that the results of this Central Registry Check are returned by: ☐ Secure Email or ☐ Mail

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Staff Signature

Date

**Department of Children and Families Official Use Only:**

☐ Supported Report(s) have been found in Massachusetts involving the above-named individual based on an exact match of the information provided on the request form. Copies of all supported reports are attached.

☐ No Record of supported reports has been found in Massachusetts involving the above-named individual.

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Signature

Date