**Circle all State(s) in which you have lived in the last five years:**

**California Colorado Connecticut Florida Georgia Indiana Louisiana Mississippi Missouri New Mexico New York North Carolina Oklahoma Oregon Puerto Rico Rhode Island South Dakota Tennessee Washington West Virginia Wisconsin Wyoming**

**US Territory/Area**

Social Services Division

DEPARTMENT OF HUMAN SERVICES Child Welfare Services Branch

**CONSENT TO RELEASE INFORMATION FROM THE**

**Child Protective Services System Central Registry**

I, ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby give my consent to have the Department of Human Services (DHS) conduct a child welfare services Child Protective Services System Central Registry check on me and to release the information to:

**Name of Individual or Organization:** Prince William County Public Schools

**Relationship:** Employer

**Address:** P.O. Box 389, Manassas, VA 20108

This consent shall terminate a year from the date of my signature below. I understand that the information I provide about myself shall be used solely for the purpose of conducting the Child Protective Services System Central Registry check.

**My Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **My Social Security Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any Alias, Former Name, Including Maiden Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Out of state address (es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please separate addresses by commas if there more than one)

The information to be released shall be limited to the history of abuse or neglect in which I was identified as a perpetrator and as specified below:

**Child Protective Services System Central Registry:**

* Date of CONFIRMED incident (s) only
* Type of abuse for each incident

I understand that the release of this information may be used as part of a background check for employment purposes and to comply with the requirements for various social services programs within the Department of Human Services, which may result in employment suspension or termination.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date