



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Child Abuse and Neglect Central Registry
P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov

Release of Information

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

CONFIDENTIALITY: Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.

Contact Person: KS WORK UHC Program Agency/Org.: Public Partnerships LLC
Phone #: 1-877-908-1747 Address: ATTN: KS WORK UHC, 8000 Avalon Blvd, Suite 300
Email: pplks-unitedhealthcare@pplfirst.com City/State/Zip: Alpharetta, GA 30009
Return Results by: [ ] Encrypted email (list if different than above): [ ] Postal Mail

Payment/Account Information (check box which applies)

Table with 2 columns: checkbox and description. Rows include Fee included, Online Payment, Pre-Pay Account, Mentoring Account, and Exempt.

\*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.

FIRST, MIDDLE, LAST NAME:

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use: [ ] Yes [ ] No
This organization/person/agency may check my information each year I am employed or associated with them: [ ] Yes [ ] No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.):

DATE OF BIRTH: RACE:

SOCIAL SECURITY #: GENDER: [ ] Male [ ] Female

CURRENT ADDRESS:

CITY, STATE, ZIP:

PHONE: EMAIL:

SIGNATURE: DATE:

Table with 2 columns: MATCH and CLEARED. MATCH column contains text about applicant listing and restrictions.