Virginia Department of Social Services/Child Protective Services
Central Registry Release of Information Form

Part I: INSTRUCTIONS - Read all instructions before completing form: Incomplete forms will be returned.

1. Type or print legibly in ink. Indicate N/A if a question is not applicable
2. Submit a separate form for each individual whose name is to be searched. MUST USE THIS FORM BEGINNING 11/01/09
3. Provide proof of identity and sign Part III in the presence of a Notary Public.
4. ***Enclose a $7.00*** money order, company /business check or cashiers check payable to: **Virginia Department of Social Services** (unless waived) **DO NOT SEND CASH or PERSONAL CHECKS.** This fee is nonrefundable. $25 will be charged for checks returned for insufficient funds.
5. Search results disseminated beyond the requesting agency/individual named below are not considered official.
6. Mail completed form to: **VA Dept. of Social Services, 801 East Main St, 6th floor, OBI Search Unit, Richmond VA 23219-2901**

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name **Address:** **City** **State** **Zip Code** **Contact Person** **Contact's Phone Number**	**Payment Code/ Fips Code** **(If assigned by Central Registry Unit)** **Mandatory for all coded agencies**

Purpose of Search, Check one: ☐ Adam Walsh Law ☐ Adoptive Parent ☐ Babysitter/Family Day Care ☐ CASA ☐ Children's Residential Facility ☐ Custody Evaluation ☐ Day Care Center ☐ Foster Parent ☐ Institutional Employee ☐ Other Employment ☐ School Personnel ☐ Volunteer ☐ Other

Part II: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED

Identifying Information for Person Being Searched:

Last Name	First Name			Full Middle Name – no initials (if name is initial only state Initial Only)
Maiden Name	Sex ☐ Male ☐ Female	Race	Date of Birth MM/DD/YY	Social Security Number
Driver's License Number	Other names Used by the Individual (Nicknames, previous married names, etc.)			
Current Address Street	Current Address City	Current Address State		Current Address Zip Code
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code	Date of Residency
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code	Date of Residency
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code	Date of Residency

CURRENT SPOUSE INFORMATION ☐ **CHECK HERE IF NOT CURRENTLY MARRIED**

Last Name	First Name	Full Middle Name	Maiden Name	Sex ☐ Male ☐ Female	Race	Birth Date MM/DD/YY

ALL PREVIOUS SPOUSES ☐ **CHECK HERE IF NOT PREVIOUSLY MARRIED**

Last Name	First Name	Full Middle Name	Maiden Name	Sex ☐ Male ☐ Female	Race	Birth Date MM/DD/YY

Full Names of All Children: (Include Adult Children, Step, Foster, Children Not Living with you. Attach additional paper if needed)

☐ Check here if you do not have children

Last Name	First Name	Full Middle Name	Sex ☐ Male ☐ Female	Race	Birth Date MM/DD/YY

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Part III: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

_____ _____

Signature of Person to Be Searched Parents' Signature (Needed if child is 17 years old or younger)

Part IV: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____day of _____, 20 _____

_____ _____

Notary Public Signature **Notary Number**

My Commission Expires: _____

Do not write below this line.

Part V: Findings - To be completed by OBI Central Registry staff only.

CENTRAL REGISTRY FINDINGS

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to Central Registry Unit in order for us to make a determination:

_____

_____

_____

_____

_____

Worker: _____ Date: _____

2. _____Based on information provided by the Local Department of Social Services, we have determined that _____is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

_____ Dept.of Social Services in reference to referral _____phone#_____

_____ Dept.of Social Services in reference to referral _____phone#_____

3 _____As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry Child Abuse/Neglect.

Signature of worker completing search: _____ Date: _____

OBI staff only