South Carolina Department of Social Services

CONSENT TO RELEASE INFORMATION

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

SECTION I. Purpose for Request

A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:

- ❑ becoming or remaining a foster parent or potential adoptive parent; or
- ❑ becoming or remaining an employee of or a member of the state or a local foster care review board; or
- ❑ becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.

B. ☑ I am requesting a search **ONLY** of the Central Registry of Child Abuse and Neglect for a purpose of Child Care employment in NH.

SECTION II. Mail Results To:

NH DHHS Child Care Licensing Unit
129 Pleasant Street
Concord, NH 03301

ATTN: Mychelle Brown
TEL. NO: 603-271-9025

SECTION III. Central Registry Check Fees: Please ☑ appropriate box and include payment. Check or Money Order (NO CASH).

- ❑ Non-Profit Entities…….$8.00
- ❑ For-Profit Entities……..…… $25.00
- ☑ State Agencies…….....$8.00
- ❑ Schools…….....$8.00
- ❑ Name Changes…….....$8.00
- ❑ Other (Individuals, etc.)…….....$8.00
- ❑ Private Adoption Investigations….....$25.00

SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)

Name: _____ DOB: _____ Sex: _____ Race: _____

Maiden/Aliases: _____ Name Change: _____

Place of Birth: _____ SSN: (See instructions) _____

Current Address: _____ Previous Address: (See instructions) _____

SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to:
South Carolina Dept. of Social Services, **ATTN: Cashier,** 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.

Signature of Applicant _____ Date _____

Signature of Notary or Witness _____ Date _____

SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.

- ❑ The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ❑ The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call _____ if you have any questions.
- ❑ The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ❑ The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

Authorized DSS Employee _____ Date _____