PART I. EMPLOYER REQUESTING INFORMATION (completed by employer/agency)

I am an employer and request information in accordance with subsection 3 of NRS 432.100.

Print Name/Title of Person Requesting			gnature	
Data	Date			
NDDHS Criminal Background		cbc@nd.gov		701-328-7575
Employer/Agency Name	Email			Phone Number
600 E. Blvd Ave, Dept 325 Bi	smarck ND 58505-0250			
Business Address				
Employer reason for request	•			
Release to an agency/individua				
Childcare related employment				\Box CASA
□ Schools/public and private	\Box Other (expl	ain):		
DADT IL INFNITIEVING IN	ΈΩΡΜΑΤΙΩΝ			
<u>PART II. IDENTIFYING IN</u> (completed by individual(s) for		heing request	(be	
(completed by mulvidual(s) is	or whom more mation is	being request	,u)	
List all ad	ults age 18 and over for	whom informa	ation is being	requested
	8		8	
	<u>.</u>			
Name (Adult #1)		Date of	Birth	Social Security Number
			\Box Male \Box	Female
Alias/Maiden Name(s) used Gender/Sex				nder/Sex
Email				
Address				
Name (Adult #2)		Date of	Birth	Social Security Number
				•
Alias/Maiden Name(s) used Image: Constraint of the second secon				
Anas/Walden Walle(s) used				inder/ Sex
Email				
Email				
Address				
		family or hom		
Name	Any other name(s)	used D	ate of Birth	Social Security Number

PART III. AUTHORIZATION TO RELEASE INFORMATION (completed by individual(s) for whom information is being requested)

Pursuant to Nevada Revised Statutes 432B and NRS 432.100-.130, pertaining to confidentiality of Child Protective Services records and the Child Abuse and Neglect Central Registry, I hereby authorize the Nevada Division of Child and Family Services to disclose information regarding substantiated reports of abuse or neglect to:

(Name of employer/agency)_

about a finding of a

substantiated report of abuse or neglect in the Central Registry.

If a Central Registry record is found, you will also receive the results of this request. Indicate preferred method to receive results: Adult #1: □ Email □ Address Adult #2: □ Email □ Address

SIGNATURE AND IDENTIFICATION VERIFICATION

This form must be either be signed and notarized or be signed with a copy of the Photo ID attached (in lieu of notary). This decision is at the discretion of the requesting employer/agency who is responsible to verify the identity of the individual with their Photo ID or require the individual to obtain the notarization.

Print Name (Adult #1)	Signature	Date
Print Name (Adult #2)	Signature	Date
T fint Ivane (7 datt #2)	orgnature	Dut
STATE OF)	
COUNTY OF)	
This instrument was acknow	wledged before me on (date)	by:
Printed Name of Individual		
		Notary Public
(Notary Stamp)		
	(FOR DCFS CENTRAL OFFIC	CE USE ONLY)
□ No Record Found		
□ Central Registry Re	cord Found:	
A report of \Box ABUS	SE and/or 🗆 NEGLECT was substant	tiated on
		ve the right to appeal these substantiations and
they will be provide	d separate instructions on how to inquir	e about their appeal rights.
Print Name/Title	Signature	Date
	-	
Date: 05/13/08	1606 – CENTRAL REGISTRY SEARCHE	
Updated 12/06/19	EMPLOYMENT OR CHILD SAFETY PUR	POSES 1606A – Employer Request For Child Abuse

Posted