

Kansas Department of Social and Rehabilitation Services
Protection Report Center Central Agency
PO Box 2637
Topeka, KS 66601

Child Abuse and Neglect Central Registry
Release of Information

I, _____, give permission for the release of any
(Please print complete first, middle and last name)
information concerning myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Heather Krase-Minnick
Agency Name: Citizen Review Board
Mailing Address: 111 E. 11th St.
Lawrence, KS 66044
Phone Number: 785-832-5215

I understand that all information released will be for the exclusive and confidential use of the above named organization/person.

☆ ☆ **Please complete the information below by printing in ink** ☆ ☆
Please print legibly. Do not leave any space blank. All requested information is required to process this request. Incomplete information will result in the release not being processed and will be returned as insufficient.

First, Middle and Last Name: _____

Maiden Name (Female applicant only) _____

Married names, Nicknames or Other Names
Used: (Use N/A if none available.) _____

Date of Birth: _____ Race: _____

Social Security#: _____ Gender: Male Female

Signature: _____ Date: _____

Current Address: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10 per release of information. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Registry, P.O. Box 2637, Topeka, KS 66601.

NOTE TO CRB APPLICANTS: You are not responsible for this fee!

For Central Registry Use Only

___ FEE ATTACHED