

**KANSAS BUREAU OF INVESTIGATION RELEASE OF INFORMATION WRITTEN NOTICE**

In order to protect children and provide the court with qualified volunteers, a fingerprint-based national criminal history record investigation will be conducted on every applicant. The Office of Judicial Administration will submit your fingerprints and receive the report on your criminal history investigation. Applicants determined ineligible to serve as a volunteer based on their criminal history background investigation will have the opportunity to verify their identity with the Office of Judicial Administration and to appeal this determination with the Chief Judge of the Judicial District or his or her designee. Applicants who do not provide fingerprints for criminal history background checks will not be approved to serve as Citizen Review Board volunteers.

I, \_\_\_\_\_, give permission for the release of any information concerning myself in the Kansas Bureau of Investigation files to Douglas County Citizen Review Board.

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

Maiden Name and/or Other Names Known By (Please Print): \_\_\_\_\_  
\_\_\_\_\_

DOB: \_\_\_\_\_ City/St. of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_ RACE: \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ COLOR OF HAIR: \_\_\_\_\_

COLOR OF EYES: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS\*: \_\_\_ \*Please list previous addresses for past five (5) years.

PREVIOUS ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ DRIVER'S LICENSE: \_\_\_\_\_

You will receive instructions on how to submit your fingerprints after interviewing with Citizen Review Board Staff.

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

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!

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For Central Registry Use Only

\_\_\_ FEE ATTACHED