



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION
BACKGROUND CHECKS

1310 Jefferson Street SE, Suite 201
Olympia, Washington 98504-5718, FAX 360-407-5577

Child Abuse and Neglect Information Request

A. Request for Records by Washington State Department of Social and Health Services Staff			
REQUESTING SOCIAL WORKER'S NAME, LAST	FIRST	TITLE	
REGION	OFFICE		
MAILING ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	E-MAIL ADDRESS	
B. Signature of Requestor			
REQUESTED BY (SIGNATURE)	DATE SIGNED	REQUESTED BY (PRINT NAME)	
C. Authorization to Disclose Records of:			
NAME, LAST	FIRST	MIDDLE	DATE OF BIRTH
FORMER NAME(S)			SOCIAL SECURITY NUMBER
STATE AND COUNTY OF FORMER RESIDENCE	DATES OF RESIDENCY IN STATE / COUNTY		
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP CODE
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP CODE
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP CODE
D. Authorization			
By signing below, I authorize the release of information related to allegations of child abuse and neglect to the State of Washington, Department of Social and Health Services.			
SIGNATURE	DATE SIGNED	PRINT NAME	

Federal law 42 U.S.C. 671 requires that a state agency placing a child in out of home care request Child Abuse and Neglect Registry information from any State in which any adult living in the home has resided in the preceding 5 years before final approval of the placement.