

**AUTHORIZATION OF RELEASE
OF CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY INFORMATION**

To Be Completed by Person Being Screened (Please type or print legibly in ink.)

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry Record Search to check for abuse, neglect and exploitation of children or vulnerable adults. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated abuse or neglect activities may be the grounds for termination of employment.

*Legal Name (First, Middle, Last) _____

*Maiden Name _____

*Former Married Names _____

*Aliases or Nicknames _____

*Social Security Number _____

*Date of Birth _____

*Gender: Male ☐ Female ☐

*Current Address _____

*City _____ *State _____ *Zip _____ *Phone _____

*List All Addresses for the past five (5) years

"Voluntarily" List Names of Your Children (This information assures accuracy of the screen)

If you do not agree to electronic submission of results to the email address listed on page 1 please opt out by initialing here. _____

I hereby authorize the results of this check be provided to the Organization/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services.

***Signature of Person Being Screened**

***Date Valid for 60 Days**

*Pursuant to W.S. 14-3-214(f) and W.S. 35-20-116(a), any organization receiving a report that a prospective employee/volunteer is "under investigation", shall be notified of the final determination of that investigation. A second screen result will be sent to the Organization on Page 1 when a final determination is made in these cases.