

Requestor Information

Name/Title/Agency	ND DHHS, Criminal Background Check Unit		
Agency's Address	600 E Blvd Ave, Dept 325 Bismarck ND 58505-0250		
Phone Number	701-328-7575	Email	dhsfscbc@nd.gov
Release of information related to	<input type="checkbox"/> Foster parent licensing <input checked="" type="checkbox"/> Adoption <input type="checkbox"/> Kinship care provider <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Child Welfare <input type="checkbox"/> CASA <input type="checkbox"/> Other (explain):		

Person subject of background check (Include all household members over the age of 18)

Name	Alias/Maiden Name(s)	Date of Birth	Social Security Number

Children in family or home

Name	Any other name(s) used	Date of Birth	Social Security Number

Signature and Notary

This form must be signed by the requestor and additional verification must be included with this form for DCFS to process the request. One of the following is required: Have this form notarized OR include a copy of your agency photo ID OR include the request on official letterhead.

Print Name	Signature	Date
STATE OF _____)		
COUNTY OF _____)		
This instrument was acknowledged before me on (date) _____ by:		
<div style="display: flex; justify-content: space-between;"> <div> Printed Name of Individual _____ (Notary Stamp) </div> <div> _____ Notary Public </div> </div>		

**If notarizing: Notary must verify requestor is employee of agency that requestor indicated above (e.g. through Employee Photo ID, business card, etc.)*

(FOR DCFS CENTRAL OFFICE USE ONLY)

☐ **No Record Found**

☐ **Central Registry Record Found:**

A report of ☐ ABUSE and/or ☐ NEGLECT was substantiated on _____.

☐ **CPS Record Found** (to request additional information please contact):

- ☐ Clark County Department of Family Services <http://www.clarkcountynv.gov/family-services/Pages/RecordsRequests.aspx>
- ☐ Washoe County Human Services Agency (775) 785-8600
- ☐ Division of Child and Family Services (775) 684-1930

Print Name/Title	Signature	Date
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