

**PART I. EMPLOYER REQUESTING INFORMATION (completed by employer/agency)**

I am an employer and request information in accordance with subsection 3 of NRS 432.100.

Print Name/Title of Person Requesting	Signature
Data	Date
ND DHHS Criminal Background Check Unit	dhscfscbc@nd.gov
Employer/Agency Name	Phone Number
600 E Blvd Ave, Dept 325 Bismarck ND 58505-0250	701-328-7575
Business Address	

**Employer reason for request:**

Release to an agency/individual related to:

- ☒ Childcare related employment      ☐ Elder care related employment      ☐ CASA  
☐ Schools/public and private      ☐ Other (explain): \_\_\_\_\_

**PART II. IDENTIFYING INFORMATION**

**(completed by individual(s) for whom information is being requested)**

**List all adults age 18 and over for whom information is being requested**

Name (Adult #1)	Date of Birth	Social Security Number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Alias/Maiden Name(s) used	Gender/Sex	
Email		
Address		

Name (Adult #2)	Date of Birth	Social Security Number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Alias/Maiden Name(s) used	Gender/Sex	
Email		
Address		

**Children in family or home**

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

**PART III. AUTHORIZATION TO RELEASE INFORMATION**  
**(completed by individual(s) for whom information is being requested)**

Pursuant to Nevada Revised Statutes 432B and NRS 432.100-.130, pertaining to confidentiality of Child Protective Services records and the Child Abuse and Neglect Central Registry, I hereby authorize the Nevada Division of Child and Family Services to disclose information regarding substantiated reports of abuse or neglect to:

(Name of employer/agency) ND DHHS Criminal Background Check Unit about a finding of a substantiated report of abuse or neglect in the Central Registry.

If a Central Registry record is found, you will also receive the results of this request. Indicate preferred method to receive results: Adult #1: ☒ Email ☐ Address Adult #2: ☒ Email ☐ Address

**SIGNATURE AND IDENTIFICATION VERIFICATION**

This form must be either be signed and notarized or be signed with a copy of the Photo ID attached (in lieu of notary). This decision is at the discretion of the requesting employer/agency who is responsible to verify the identity of the individual with their Photo ID or require the individual to obtain the notarization.

Print Name (Adult #1)	Signature	Date
Print Name (Adult #2)	Signature	Date
STATE OF _____)		
COUNTY OF _____)		
This instrument was acknowledged before me on (date) _____ by:		
Printed Name of Individual _____	_____	
(Notary Stamp)	Notary Public	

**(FOR DCFS CENTRAL OFFICE USE ONLY)**

☐ **No Record Found**

☐ **Central Registry Record Found:**

**A report of ☐ ABUSE and/or ☐ NEGLECT was substantiated on \_\_\_\_\_.**

**\*Please be aware that the person(s) in this report may still have the right to appeal these substantiations and they will be provided separate instructions on how to inquire about their appeal rights.**

Print Name/Title	Signature	Date
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