

CONSENT FOR OHIO SACWIS REGISTRY SEARCH & DISSEMINATION OF INFORMATION

In addition to the completed application to Ohio's SACWIS Alleged Perpetrator Search (OSAPS) and two pieces of appropriate identification for the individual, this completed and signed informed consent form is required for the agency named below to request a SACWIS search for an individual. The purpose of the SACWIS search is to determine whether the individual was named as an alleged perpetrator in a Substantiated or Indicated child abuse and/or neglect report in Ohio's SACWIS Registry on Child Abuse or Neglect.

Individual for whom the SACWIS search will be conducted (please print):

_____	_____	_____
First Name	Middle Name	Last Name

Agency requesting searches and contact information to send search results:

Agency Name:	_____
Address:	_____
City/State/Zip:	_____
Phone #:	_____
Contact:	_____
Contact E-mail:	_____

By signing this consent form, I confirm the following:

1. I have read this form and understand the nature of the search to be conducted.
2. I have had ample opportunity to ask questions.
3. I am competent to consent to the search being completed.
4. I expressly authorize the Ohio Department of Job & Family Services to release the search results obtained from the SACWIS searches to the above-named agency.

Signatures:

_____	____/____/____
Individual	Date
_____	____/____/____
Agency Contact Person	Date