



DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



Fax or Mail Request to:

DSCYF, OCCL
Criminal History Unit
1825 Faulkland Road
Wilmington, DE 19805
Phone: 302-892-5800 Fax: 302-633-5191

When requesting Child Protection Registry checks:

- **Allow 15 working days for results to be processed**
- **Do not use a cover sheet**
- **Do not send duplicate requests**
- **Form must be submitted to DSCYF within 90 days of signature date in order to be processed**

PART I. APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name: _____
Last First Middle

Other Name(s) used: _____ DE Drivers License # _____

Social Security # _____ - _____ - _____ Date of Birth: _____ - _____ - _____ Sex: _____ Race: _____
mm / dd / yyyy

Address: _____
(Street) (City) (State) (Zip)

Have you ever been involved in a substantiated case of child abuse or neglect? [] Yes [] No

If Yes, explain: _____

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: _____ Date: _____

Parent / Guardian Signature (If applicant is under the age of 18) _____

PART II. AGENCY/ORGANIZATION INFORMATION - (MUST BE COMPLETED IN ORDER TO PROCESS)

Please check only one:

EDUCATION HEALTH CARE FACILITY CHILD CARE OTHER _____

Agency Identification Number (if applicable): _____

Requesting Agency Name: _____

Address: _____

Phone: _____ Fax: _____ Contact Person: _____

DSCYF USE ONLY:

The individual listed above (___ is listed) (___ is NOT listed) on the Delaware Child Protection Registry.

Date: _____ DSCYF Criminal History Unit _____