



# 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)*

<b>Please circle only one:</b>			
EDUCATION	HEALTH CARE FACILITY	CHILD CARE	OTHER _____

Agency Identification Number (if applicable): 35

Requesting Agency Name: Bayhealth Medical Center, Kent

Address: 640 South State Street, Dover, DE 19901

Phone: (302) 744-7144 Fax: (302) 744-7469 Contact Person: Tammy Robinson

### DSCYF USE ONLY:

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

Date: \_\_\_\_\_ DSCYF Criminal History Unit \_\_\_\_\_