



STATE OF WASHINGTON  
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  
BACKGROUND CHECKS

1110 Jefferson Street SE, Suite 201  
Olympia, Washington 98504-9070, FAX 360-407-5577

### Child Abuse and Neglect Information Request

<b>A. Request for Records by DCYF Staff</b>			
REQUESTING CASEWORKER'S NAME, LAST	FIRST	TITLE	
REGION	OFFICE		
MAILING ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	E-MAIL ADDRESS	
<b>B. Signature of Requestor</b>			
REQUESTED BY (SIGNATURE)	DATE SIGNED	REQUESTED BY (PRINT NAME)	
<b>C. Authorization to Disclose Records of:</b>			
NAME, LAST	FIRST	MIDDLE	DATE OF BIRTH
FORMER NAME(S)			SOCIAL SECURITY NUMBER
STATE AND COUNTY OF FORMER RESIDENCE	DATES OF RESIDENCY IN STATE / COUNTY		
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP CODE
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP CODE
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP CODE
<b>D. Authorization</b>			
<b>By signing below, I authorize the release of information related to allegations of child abuse and neglect to the State of Washington DCYF.</b>			
SIGNATURE	DATE SIGNED	PRINT NAME	

Federal law 42 U.S.C. 671 requires that a state agency placing a child in out of home care request Child Abuse and Neglect Registry information from any State in which any adult living in the home has resided in the preceding 5 years before final approval of the placement.