



DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



When requesting Child Protection Registry checks:

- **Allow 15 working days for results to be processed**
- **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 Driver's License # _____

Social Security # _____ Date of Birth: _____ Gender: _____ Race: _____
yyymmdd

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

Are you on the Delaware child protection registry for any substantiated cases of child abuse/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 Delaware 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 INFORMATION - (MUST BE COMPLETED IN ORDER TO PROCESS)

Agency Identification Number (if applicable): 1115

Contact ID: 22010

Requesting Agency Name: University of Delaware Clinical Studies

Address: 200 Academy Street #103, Newark, DE 19716

Phone: (302)831-3039

Fax: (302)831-3137

Contact Person: Marie Peters

Contact Email: cavallio@udel.edu

DSCYF USE ONLY:

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

Date: _____ DSCYF Criminal History Unit _____