

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name	Fax Number
Address	Phone Number

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Full Legal Name (applicant)

Address City/State Zip

Date of Birth Social Security Number

Other names previously used such as former married names, maiden name and nick names.

Names and birth dates of your children and children who have lived with you.

Any Address at which you have resided during the past 20 years.

Signatures and Dates

Print full legal name

Signature

Date