

**Requestor Information**

Name/Title/Agency	NDDHS, Criminal Background Check Unit		
Agency's Address	600 E. Blvd Ave, Dept 325 Bismarck ND 58505-0250		
Phone Number	701-328-7575	Email dhscfscbc@nd.gov	
Release of information related to	<input type="checkbox"/> Foster parent licensing <input checked="" type="checkbox"/> Adoption <input type="checkbox"/> Kinship care provider <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Child Welfare <input type="checkbox"/> CASA <input type="checkbox"/> Other (explain):		

**Person subject of background check (Include all household members over the age of 18)**

Name	Alias/Maiden Name(s)	Date of Birth	Social Security Number

**Children in family or home**

Name	Any other name(s) used	Date of Birth	Social Security Number

**Signature and Notary**

This form must be signed by the requestor and additional verification must be included with this form for DCFS to process the request. One of the following is required: Have this form notarized OR include a copy of your agency photo ID OR include the request on official letterhead.

Print Name	Signature	Date
STATE OF _____ )		
COUNTY OF _____ )		
This instrument was acknowledged before me on (date) _____ by:		
_____ Printed Name of Individual		
_____ (Notary Stamp)		_____ Notary Public

\*If notarizing: Notary must verify requestor is employee of agency that requestor indicated above (e.g. through Employee Photo ID, business card, etc.)

**(FOR DCFS CENTRAL OFFICE USE ONLY)**

- No Record Found**
- Central Registry Record Found:**  
 A report of  **ABUSE** and/or  **NEGLECT** was substantiated on \_\_\_\_\_.
- CPS Record Found** (to request additional information please contact):
  - Clark County Department of Family Services <http://www.clarkcountynv.gov/family-services/Pages/RecordsRequests.aspx>
  - Washoe County Human Services Agency (775) 785-8600
  - Division of Child and Family Services (775) 684-1930

Print Name/Title	Signature	Date
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