

## CONSENT FOR OHIO SACWIS REGISTRY SEARCH & DISSEMINATION OF INFORMATION

In addition to the completed application to Ohio's SACWIS Alleged Perpetrator Search (OSAPS) and two pieces of appropriate identification for the individual, this completed and signed informed consent form is required for the agency named below to request a SACWIS search for an individual. The purpose of the SACWIS search is to determine whether the individual was named as an alleged perpetrator in a Substantiated or Indicated child abuse and/or neglect report in Ohio's SACWIS Registry on Child Abuse or Neglect.

**Individual for whom the SACWIS search will be conducted (please print):**

First Name	Middle Name	Last Name
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**Agency requesting searches and contact information to send search results:**

Agency Name: NDDHS, Criminal Background Check Unit  
Address: 600 E. Blvd Ave, Dept 325  
City/State/Zip: Bismarck ND 58505-0250  
Phone #: 701-328-7575  
Contact: \_\_\_\_\_  
Contact E-mail: dhscfscbc@nd.gov

**By signing this consent form, I confirm the following:**

1. I have read this form and understand the nature of the search to be conducted.
2. I have had ample opportunity to ask questions.
3. I am competent to consent to the search being completed.
4. I expressly authorize the Ohio Department of Job & Family Services to release the search results obtained from the SACWIS searches to the above-named agency.

**Signatures:**

Individual	/ / Date
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Agency Contact Person	/ / Date
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