

Kansas Department of SRS
Child Central registry
915 SW Harrison
5th Floor South
Topeka, KS 66612

I hereby request and authorize the Kansas Department of SRS, Child Central Registry to furnish the above named individual/company with any information on file. I understand that all information will be for the exclusive and confidential use of _____ (Individual's Name)

I voluntarily waive all right or recourse and release you from liability for compliance with this authorization.

Full Name: _____
Last First MI

Current Address _____
Street City Zip

Any Other Name Used: _____

Birthdate: _____ Race: _____ Sex: _____

Social Security #: _____

Additional Information: _____

Date Signature

FOR CENTRAL REGISTRY USE:

No Record () _____ Yes () Details provided below or attached

Case Finding: _____

Print Name Signature Date