

# Central Registry Sealing of Records Request Form

This form is to be used to request a record be sealed from the DCFS Central Registry database.

- ✓ Only a supervisor may submit this request.
- ✓ Email your approved request to [DCFS-CANS@dcfs.nv.gov](mailto:DCFS-CANS@dcfs.nv.gov)
- ✓ Please be thorough in your request. The more complete your information the more quickly your request may be processed.
- ✓ Refer to [Sealing of Records located in the Central Registry Policy](#) for additional guidance.

Clark County DFS       Washoe County HSA       DCFS Rural Region

**Supervisor Name (Print and Sign):**

\_\_\_\_\_

**Date**

**Phone #**

**Is this request in response to a court order or hearing officer's recommendation?**

Yes       No

**Please provide the name and number of person/case/provider who is requesting their record be sealed:**

**In a brief description, please enter why this record is to be sealed.**

- It has reached the time limitations (10 years after the child's 18<sup>th</sup> birthday)
- It has been appealed and approved for sealing by the child welfare agency.

**Additional information:**

\_\_\_\_\_

**FIELDS BELOW ARE FOR IMS HELP DESK USE ONLY:**

**Additional notes or instruction to the programmers: (For IMS Help Desk Use Only)**

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**Heat Ticket #:**

**Approved/Denied by:**

**Date:**

**Date:**

Approved

Denied