

**State of Nevada - Division of Child and Family Services
EMPLOYER REQUEST FOR CHILD ABUSE & NEGLECT CENTRAL REGISTRY
INFORMATION**

NRS 432.100-130, NRS 432B and NAC 432B.170

Information about substantiated child abuse and neglect reports in the Central Registry may be requested in accordance with NRS 432.100. This form authorizes the Division of Child and Family Services to inform the employer or agency requesting the information whether the person who is the subject of the background check has been found to have abused or neglected a child.

Instructions: The person who the subject of the background check must complete this form with the employer to ensure the form is completed in its entirety. The form must include the person's complete name (include any other names used, e.g. maiden name, alias, etc.), date of birth, and Social Security Number (SSN). They must sign and have their signature notarized to authorize the release of the information.

Email the request form to: DCFS-CANS@dcfs.nv.gov

If you do not receive a response after 15 business days, please email DCFS-CANS@dcfs.nv.gov.

PART I. EMPLOYER REQUESTING INFORMATION (completed by employer/agency)

I am an employer and request information in accordance with subsection 3 of NRS 432.100.

Print Name/Title of Person Requesting Data	Signature	Date
Employer/Agency Name	Email	Phone Number
Business Address		

Employer reason for request:

Release to an agency/individual related to:

Childcare related employment	Elder care related employment	CASA
Schools/public and private	Other (explain):	

PART II. IDENTIFYING INFORMATION

(completed by individual(s) for whom information is being requested)

List all adults age 18 and over for whom information is being requested

Name (Adult #1)	Date of Birth	Social Security Number	
Alias/Maiden Name(s) used	Gender/Sex	Male	Female
Email			
Address			

Name (Adult #2)	Date of Birth	Social Security Number	
Alias/Maiden Name(s) used	Gender/Sex	Male	Female
Email			
Address			

Children in family or home

Name	Date of Birth	Social Security Number
Any other names used		

Name	Date of Birth	Social Security Number
Any other names used		

PART III. AUTHORIZATION TO RELEASE INFORMATION
(completed by individual(s) for whom information is being requested with notary)

Pursuant to Nevada Revised Statutes 432B and NRS 432.100-.130, pertaining to confidentiality of Child Protective Services records and the Child Abuse Central Registry, I hereby authorize the Nevada Division of Child and Family Services to disclose information regarding substantiated reports of abuse or neglect to:

(Name of employer/agency) _____ about a finding of a
substantiated report of abuse or neglect in the Central Registry.

If a Central Registry record is found, you will also receive the results of this request. Indicate preferred method to receive results: Adult #1: Email Address Adult #2: Email Address

SIGNATURE AND NOTARY

Print Name (Adult #1) _____ Signature _____ Date _____

Print Name (Adult #2) _____ Signature _____ Date _____

STATE OF _____)

COUNTY OF _____)

This instrument was acknowledged before me on (date) _____ by _____

Printed Name of Individual _____

Notary Public

(Notary Stamp)

(FOR DCFS CENTRAL OFFICE USE ONLY)

No Record Found

Central Registry Record Found:

A report of ABUSE and/or NEGLECT was substantiated on

*Please be aware that the person(s) in this report may still have the right to appeal these substantiations and they will be provided separate instructions on how to inquire about their appeal rights.

Print Name/Title _____ Signature _____ Date _____