

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
- ✓ 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.

Supervisor Name (Print and Sign):	
<input type="checkbox"/> Clark County DFS <input type="checkbox"/> Washoe County HSA <input type="checkbox"/> DCFS Rural Region	
Date:	Phone #

Is this request in response to a court order or hearing officer's recommendation?
<input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> It has reached the time limitations (10 years after the child's 18 th birthday) <input type="checkbox"/> It has been appealed and approved for sealing by the child welfare agency. Additional information:
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FIELDS BELOW ARE FOR IMS HELP DESK USE ONLY:

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

Heat Ticket #:	Approved/Denied by:
Date:	Date:

- Approved**
 Denied