



Web Portal



Request must be within 90 days of signature date in order to be processed

**PART I - APPLICANT INFORMATION**

Name (Last\*, First\*, Middle):

Other Name(s) used/Alias:

Social Security #:

Date of Birth

Race:

Ethnicity: (Hispanic/Non-Hispanic)

Address (Street, City, State, Zip):

Are you on the Delaware Child Protection Registry for any substantiated cases of child abuse/neglect? Yes  No

Signature:

Date:

Parent/Guardian Signature (If applicant is under the age of 18):

**PART II - REQUESTER INFORMATION**

Check one option below and complete required information\*:

- 1.  Agency Request    Agency Name\*:
  
- 2.  Individual Request    Self
  
- 3.  Individual Request    Share Results with Requesting Agency
  - Requesting Agency 1    Agency Name\*:
  - Requesting Agency 2    Agency Name\*:
  - Requesting Agency 3    Agency Name\*:
  - Requesting Agency 4    Agency Name\*:
  - Requesting Agency 5    Agency Name\*:

\* Mandatory (Agency Name is Mandatory.)