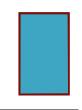
DSCYF Department of Services for Children, Youth & Their Families

PART I - APPLICANT INFORMATION

DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM

Web Portal



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

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 \square No \square
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.)

U:\DMSS\CHU|CPR\Web Portal\Web Portal CPR Consent