

VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
CHILD PROTECTIVE SERVICES  
**REQUEST FOR SEARCH OF THE CENTRAL REGISTRY  
AND RELEASE OF INFORMATION FORM**

**INSTRUCTIONS:**

1. Please type or print legibly in ink. Indicate N/A if not applicable or UNK if unknown. Incomplete forms will be returned.
2. Submit a separate form for each individual whose name is to be searched.
3. Provide proof of identity and sign Part III in the presence of a Notary Public.
4. Enclose \$5.00 **money order, company check/business check or cashier's check**, payable to Virginia Department of Social Services (unless waived). **DO NOT SEND CASH. NO PERSONAL CHECKS.**
5. Return the completed form and fee to:  
Child Protective Services Central Registry Search  
Virginia Department of Social Services  
730 East Broad Street, Second Floor  
Richmond, Virginia 23219-1849
6. Search results disseminated beyond the requesting agency/individual named below **should not be considered official.**

**PART I: TO BE COMPLETED BY REQUESTING AGENCY/INDIVIDUAL**

Name of Requesting Agency or Individual : \_\_\_\_\_ Agency Code \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Attention: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Purpose of Search: Foster Parent \_\_\_\_\_ Adoptive Parent \_\_\_\_\_ Babysitter/Family Day Care \_\_\_\_\_ Day Care Center \_\_\_\_\_  
 School Personnel \_\_\_\_\_ Institutional Employee \_\_\_\_\_ Other Employment: \_\_\_\_\_ (Explain: \_\_\_\_\_)  
 Custody Evaluation \_\_\_\_\_ CASA \_\_\_\_\_ Volunteer \_\_\_\_\_ Other: \_\_\_\_\_ (Explain: \_\_\_\_\_)

**PART II: TO BE COMPLETED BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED**

Identifying Information: \_\_\_\_\_  
LAST NAME FIRST MIDDLE MAIDEN  
 \_\_\_\_\_ Social Security # \_\_\_\_\_  
SEX RACE BIRTHDATE LAST NAMES FROM PREVIOUS MARRIAGES

All other names by which individual has been known: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Prior addresses and dates \_\_\_\_\_

Current Spouse: \_\_\_\_\_  
LAST NAME FIRST MIDDLE MAIDEN SEX RACE BIRTHDATE

Previous Spouse: \_\_\_\_\_  
LAST NAME FIRST MIDDLE MAIDEN SEX RACE BIRTHDATE

**Full Names of Children** (Include adult children, step children, foster children, children not living with you. Attach additional page if needed):

	<small>NAME</small>	<small>SEX</small>	<small>RACE</small>	<small>BIRTHDATE</small>
<small>NAME</small>	<small>SEX</small>	<small>RACE</small>	<small>BIRTHDATE</small>	
	<small>NAME</small>	<small>SEX</small>	<small>RACE</small>	<small>BIRTHDATE</small>
<small>NAME</small>	<small>SEX</small>	<small>RACE</small>	<small>BIRTHDATE</small>	

**OVER**

**PART III: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.1-382 of the *Code of Virginia*, I authorize the release of personal information regarding me which as been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of Founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

\_\_\_\_\_  
Signature

**CERTIFICATE OF ACKNOWLEDGMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_

Commonwealth//State of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

---

**CENTRAL REGISTRY FINDINGS**

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. This form should be returned with the following questions answered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worker : \_\_\_\_\_ Date: \_\_\_\_\_

2. Based on information provided by local departments of social services, we have determined that \_\_\_\_\_ is listed in the Central Registry of Founded Child Abuse/Neglect Investigations with a Founded disposition of child abuse/neglect. For more detailed information, contact the \_\_\_\_\_

Department of Social Services at \_\_\_\_\_  
STREET CITY STATE ZIP  
\_\_\_\_\_ in reference to Child Protective Services Case/File# \_\_\_\_\_.

TELEPHONE  
3. \_\_\_\_\_As of this date, the individual whose name was being searched is NOT identified in the Central Registry of Founded Child Abuse/Neglect Investigations as an involved caretaker with a Founded disposition of child abuse/neglect.

Signature of worker completing search: \_\_\_\_\_ Date: \_\_\_\_\_