

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: Foster Care Review Board

Mail Results To: _____

Please Print or Type: (Complete spelling of name required, first, middle and last – no initials.)

Name: _____ DOB: _____ Sex: _____ Race: _____
Maiden/Former Name: _____ Name Change: _____
Place of Birth: _____ SSN: _____
Current Address: _____ Previous Address: _____

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;
Telephone (803) 898-7318.

_____ Signature of Applicant	_____ Date
_____ Signature of Notary or Witness	_____ Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

(This section to be completed by an authorized DSS employee only – Division of Human Services.)

- ☐ The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- ☐ The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- ☐ Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- ☐ Other – See attached correspondence.

_____ Authorized DSS Employee	_____ Date
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