



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 (mm/dd/yyyy)*:

Gender*:

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

If yes, explain:

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named requester(s) with all substantiated cases of child abuse or neglect concerning me that are active on the Delaware Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

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*: **Nemours Children’s Health, Delaware**

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.)