

## Division of Children and Family Services Agency Request for Information from the Nebraska Adult and Child Abuse and Neglect Register/Registry

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name		Fax Number
Address		Phone Number
I hereby authorize the Division of Children a Neglect Register/Registry record to the abo		ave an Adult and/or Child Abuse and
Address	City/State	Zip
Date of Birth	Social Security Number	
Other names previously used such as for	mer married names, maiden name and n	ick names.
Names and birth dates of your children ar	nd children who have lived with you.	
Any Address at which you have resided d	luring the past 20 years.	
,, ,	Stropact 20 years.	
Signatures and Dates		
Print full legal name		
. III. Id. logar harro		
Signature		Date

