

**CONSENT TO RELEASE INFORMATION FROM THE  
Child Protective Services System Central Registry**

I, \_\_\_\_\_ hereby give my consent to have the Department of Human  
(Please Print)  
Services (DHS) conduct a child welfare services Child Protective Services System Central Registry check  
On me and to release the information to:

**Name of Individual or Organization:** Department of Health/DDD/Outcomes & Compliance Branch

**Relationship:** DD Adult Foster Home Certifying Agency

**Address:** 2201 Waimano Home Rd, Pearl City, HI 96782

**Phone Number:** (808) 453-6416

This consent shall terminate a year from the date of my signature below. I understand that the information I  
Provide about myself shall be used solely for the purpose of conducting the Child Protective Services System  
Central Registry check.

**My Date of Birth:** \_\_\_\_\_ **My Social Security Number:** \_\_\_\_\_

**Any Alias, Former Name, Including Maiden Name:** \_\_\_\_\_

The information to be released shall be limited to the history of abuse or neglect in which I was identified as a  
Perpetrator and as specified below:

**Child Protective Services System Central Registry:**

- Date of CONFIRMED incident(s) only
- Type of abuse for each incident

I understand that the release of this information may be used as part of a background check for employment  
Purposed and to comply with the requirements for various social services programs within the Department  
of Human Services, which may result in employment suspension or termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail the original form to: Department of Human Services, Child Welfare Services Branch, Oahu Child  
Welfare Services Section 3, Attn: CAN Clearances, 420 Waiakamilo Road, Suite 300A, Honolulu, Hawaii  
96817. Faxes will not be accepted.**