

## Kansas Adult Abuse Registry Release Instructions

The Kansas Adult Abuse requires a special State release form that must be completed by the subject of the search.

This search is performed by the Department for Children and Families Prevention and Protection Services.

### Required Information

- Name (first, middle initial, last)
- Maiden name, all married names, and alias names (if applicable)
- Birthdate
- Social Security number
- Address, including city, state, and zip code
- Race
- Gender
- Applicant signature and date

**Note:** When the applicant does not have a maiden name or other names, make sure the field contains "N/A." The state will reject an incomplete application.

**Note:** All applicants must complete the forms entirely. Please do not leave any spaces blank on the form.

**Note:** The state does not require a separate release for multiple alias names, they can be provided on one release. However, all alias names must be provided on the release at the time of submission. If any other names are located via additional resources and were not included on the original form, a separate release will be required.

**Please return the document to [customerservice@global-screeningsolutions.com](mailto:customerservice@global-screeningsolutions.com) or fax to 866-728-7784. DO NOT email or mail directly to the State of Kansas, as instructed on the release.**

I, \_\_\_\_\_, give permission for the release of information concerning  
(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)\* Sean Miller Phone 866-454-2325

Agency name Global Screening Solutions Inc

Agency mailing address 4833 Front St B448 Castle Rock CO 80104

Agency email address customerservice@global-screeningsolutions.com Return by email?  Yes  No

Check box if agency is a CDDO, CMHC, or ILRC

Maiden Name and/or Other Names Known By: \_\_\_\_\_

(PRINT ONLY)

**Address:**

Street City State Zip Code

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_  Male  Female  
(mm/dd/yyyy) (mark one)

I understand that all information released will be for the exclusive and confidential use of the above-named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency. \_\_\_\_\_ Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

**RETURN TO:**

[DCF.APSRegistry@KS.GOV](mailto:DCF.APSRegistry@KS.GOV)

or  
Adult Abuse Registry  
555 S. Kansas Ave  
Topeka, Kansas 66603-3444

*(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)*

**FOR PPS ADMINISTRATION USE ONLY:**

Record Found?  No  Yes "Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.  
If yes, check all that apply  Abuse  Neglect  Exploitation  Fiduciary Abuse  
Perpetrator's Name: \_\_\_\_\_ Date Substantiated: \_\_\_\_\_  
Initial: \_\_\_\_\_ Date: \_\_\_\_\_