

Idaho Department of Health and Welfare
AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

I, _____, hereby authorize and direct the Idaho Department of Health and Welfare, Criminal History Unit, to conduct a name search to determine if I am listed on the Child Abuse and Neglect Central Registry as a person responsible for a substantiated case of abuse, abandonment, or neglect of a child.

I further authorize and direct the Idaho Department of Health and Welfare Criminal History Unit to release the results of this search of the Child Abuse and Neglect Central Registry in response to an Adam Walsh Act (42 USC 16961 Section 152) request and in accordance with IDAPA 16.05.06.125 to:

I understand that the results and information about me contained in the Child Abuse and Neglect Central Registry may prove to be unfavorable to me and that a history of substantiated child abuse or neglect will effect my ability to work with children or vulnerable adults. I further understand that this information may later be disclosed by the individual/organization listed above. I do hereby fully, finally and forever discharge, release, acquit, and hold harmless the Idaho Department of Health and Welfare, its officers, agents, employees, and staff from any and all claims, liens, demands, liability, suits, judgments, or actions of whatever kind, whether known or unknown, which I may have at any time associated with the release of information I have requested using this form. If it appears to me that the information in the Child Abuse and Neglect Central Registry has not been updated or appears inaccurate, I will notify the Idaho Department of Health and Welfare immediately. This authorization and consent shall be binding upon my heirs, representatives, executors, administrators, assigns, and successors and no promise, inducement or agreement not herein expressed has been made to me. The terms of this authorization and consent are contractual in nature and are not mere recitals. This is a continuing authorization and consent which shall remain effective until revoked by me in writing. **THE UNDERSIGNED HAVE READ THE FOREGOING AND FULLY UNDERSTAND IT.**

Please Print – Complete spelling of the name is required – no initials		
Name:	Date of Birth:	Sex:
Maiden/Former Name/Aliases:	Social Security Number:	
Signature:		

State of _____
 County of _____

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____.

 Notary Public Signature
 My Commission expires on _____

SEAL