South Carolina Department of Social Services

CONSENT TO RELEASE INFORMATION

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: _____.

Mail Results To: _____

_____

_____

Central Registry Check Fee: (Check one and attach appropriate payment by check or money order.)

☐	Non-Profit Entities	$8.00	☐	Schools	$8.00
☐	For-Profit Entities	$25.00	☐	Child Day Care	$8.00
☐	State Agencies	$8.00	☐	Other (Individuals, all others not named above)	$8.00

Please Print or Type: (Complete spelling of name required, first, middle and last – **no initials**.)

Name: _____ DOB: _____ Sex: _____ Race: _____

Maiden/Former Name: _____ Name Change: _____

Place of Birth: _____ SSN: _____

Current Address: _____ Previous Address: _____

_____ _____

_____ _____

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520; Telephone (803) 898-7318.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Notary or Witness Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

(This section to be completed by an authorized DSS employee only – Division of Human Services.)

☐ The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
☐ The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
☐ Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
☐ Other – See attached correspondence.

_____ _____
Authorized DSS Employee Date

INSTRUCTIONS FOR DSS FORM 3072

Purpose:
Provides authorization for the Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and release the results. State law provides that in order to serve on the Foster Care Review Board, be a guardian ad litem, be licensed as a foster parent or operate or work in a day care facility or be employed, operate or volunteer in a residential child care facility, a State Central Registry of Child Abuse and Neglect search must be conducted.

Note:
An amendment to the South Carolina Code of Laws affects the status of individuals named as perpetrators in the State Central Registry of Child Abuse and Neglect. Effective July 2002, a name legally listed on the Central Registry will remain indefinitely.

Specific Instructions for Applicant/Organization Submitting Form:
Please ensure that you type or stamp the return address on this form. Check appropriate fee box and submit payment with form to: South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520.

Specific Instructions for Applicant: (Print or Type)
All the information requested on this form is necessary in order to conduct a thorough search.

1. Purpose of Search: Fill in whether screening is for employment, to be become a foster parent, volunteer, etc.
2. Name: Provide complete spelling of name to include the first, middle and last name. No initials.
3. Name Change: List name you are changing to. Item number 2 must be completed also.
4. Date of Birth, Sex, Race, Social Security Number: Self-explanatory.
5. Place of Birth: Provide the name of the state you were born in.
6. Current Address: Your current residence.
7. Previous Address: List other addresses, states, countries you have resided in for the past seven years.
8. Signature of Applicant: Original signature of the individual requesting to have their name searched.
9. Signature of Witness or Notary: To witness the signature of the applicant.

This form must be signed by the applicant and witnessed (may be notarized) prior to submitting for processing.

Specific Instructions for Authorized DSS Employee:
After receipt by cashier and processing of payment, the Central Registry check will be completed by authorized DSS personnel in the Division of Human Services.

1. Check appropriate box.
2. Sign, date, stamp confidential on envelope and mail to return address.

Distribution:
Results of the search will be sent to the individual or organization specified on the form.