

DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM
Web Portal



Request must be within 90 days of signature date in order to be processed

PART I - APPLICANT INFORMATION

Name (Last, First , Middle): _____

Other Name(s) used: _____

Social Security #: _____

Date of Birth(mm/dd/yyyy) : _____

Gender: _____

Race: _____

Ethnicity: (Hispanic/Non-Hispanic) _____

Address (Street, City, State, Zip): _____

Are you on the Delaware Child Protection Registry for any substantiated cases of child abuse/neglect? No Yes

If yes, explain: _____

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named requester with all substantiated cases of child abuse or neglect concerning me that are active on the Delaware Child Protection Registry. I request the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: _____

Date: _____

Parent/Guardian Signature (If applicant is under the age of 18) _____

PART II - REQUESTER INFORMATION

Check one option below and complete required information :

1. Agency Request – Agency Name: Wilmington University - Office of Clinical Studies

2. Individual Request Self

Mandatory