

**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 any 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: becoming a volunteer Arbitrator.

Mail Results to: Attn.: Juvenile Arbitration
Office of the Solicitor 12th Judicial Circuit
180 N. Irby Street, MSC-Q
Florence, South Carolina 29501

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

- | | | | |
|--|---------|---|---------|
| <input type="checkbox"/> Non-Profit Entities | \$8.00 | <input type="checkbox"/> Schools | \$15.00 |
| <input type="checkbox"/> Private Adoption Investigations | \$25.00 | <input type="checkbox"/> Child Care | \$8.00 |
| <input type="checkbox"/> For-Profit Entities | \$25.00 | <input checked="" type="checkbox"/> Other (Individuals, all others not named above) | \$8.00 |
| <input type="checkbox"/> State Agencies | \$15.00 | | |

Please Print or Type: (Complete spelling of name required – 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	Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

(This section to be completed by 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 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.

Authorized DSS Employee	Date
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