

**South Carolina Department of Social Services  
CONSENT TO RELEASE INFORMATION**

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

**SECTION I. Purpose for Request**

- A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:
- becoming or remaining a foster parent or potential adoptive parent; or  
 becoming or remaining an employee of or a member of the state or a local foster care review board; or  
 becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.
- B.  I am requesting a search ONLY of the Central Registry of Child Abuse and Neglect for a purpose of Human Resources.

**SECTION II. Mail Results To:**

ATTN: Teresa Dixon

TEL. NO: 843-667-5007 Ext 318

**SECTION III. Central Registry Check Fees: Please  appropriate box and include payment. Check or Money Order (NO CASH).**

- Non-Profit Entities.....\$8.00       Name Changes.....\$8.00  
 For-Profit Entities.....\$25.00       Other (Individuals, etc.).....\$8.00  
 State Agencies.....\$8.00       Private Adoption Investigations.....\$25.00  
 Schools.....\$8.00

**SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Maiden/Aliases: \_\_\_\_\_ Name Change: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ SSN: (See instructions) \_\_\_\_\_

Current Address: \_\_\_\_\_ Previous Address: (See instructions) \_\_\_\_\_

**SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary or Witness

\_\_\_\_\_  
Date

**SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.**

- The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.  
 The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call \_\_\_\_\_ if you have any questions.  
 The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.  
 The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

\_\_\_\_\_  
Authorized DSS Employee

\_\_\_\_\_  
Date