

**CONSENT TO RELEASE INFORMATION FROM THE  
Child Protective Services System Central Registry**

**ORIGINAL REQUESTS MUST BE MAILED. FAXES WILL NOT BE ACCEPTED.**

**INSTRUCTIONS**

The "Consent to Release Information from the Child Protective Services System Central Registry" form is to be completed by individuals who are requesting the release of child abuse and neglect information from the Child Protective Services System Central Registry.

The information released by the Department of Human Services is restricted to confirmed cases of child abuse or neglect in which an individual was confirmed as the perpetrator of child abuse or neglect.

By completing this form, the individual gives the Department of Human Services consent to conduct a Child Protective Services System Central Registry check and to release the information to the individual or to another individual or organization as specified by the requesting individual.

**PRINT CLEARLY OR TYPE THE REQUESTED INFORMATION.** The request may be returned for clarification if the information is not clear, which will delay the completion of your request. Be sure to sign and date the form and **mail the original form** to:

Department of Human Services  
Child Welfare Services Branch  
Statewide Child Welfare Services Section  
420 Waiakamilo Road, Suite 300A  
Honolulu, Hawaii 96817.

A copy is to be provided to the individual requesting the Child Protective Services System Central Registry check.

Copies of the instruction sheet and the consent form can be duplicated as needed.

**CONSENT TO RELEASE INFORMATION FROM THE  
Child Protective Services System Central Registry**

I, \_\_\_\_\_ hereby give my consent to have the Department of Human Services (DHS) conduct a child welfare services Child Protective Services System Central Registry check on me and to release the information to:

**Name of Individual or Organization:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

This consent shall terminate a year from the date of my signature below. I understand that the information I provide about myself shall be used solely for the purpose of conducting the Child Protective Services System Central Registry check.

**My Date of Birth:** \_\_\_\_\_ **My Social Security Number:** \_\_\_\_\_

**Any Alias, Former Name, Including Maiden Name:** \_\_\_\_\_

\_\_\_\_\_

The information to be released shall be limited to the history of abuse or neglect in which I was identified as a perpetrator and as specified below:

**Child Protective Services System Central Registry:**

- Date of CONFIRMED incident (s) only
- Type of abuse for each incident

I understand that the release of this information may be used as part of a background check for employment purposes and to comply with the requirements for various social services programs within the Department of Human Services, which may result in employment suspension or termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail the original consent form to: Department of Human Services, Child Welfare Services Branch, Statewide Child Welfare Services Section, 420 Waiakamilo Road, Suite 300A, Honolulu, Hawaii 96817. Faxes will not be accepted.**

Child Protective Service System Central Registry

**APS Central Registry Clearance:** The following results are based upon the information provided on Page 1:

**Type(s) of Confirmed Adult Abuse or Neglect:**

**Date(s) of Confirmation:**

☐ Caregiver Neglect (Negligent Treatment/Maltreatment)

\_\_\_\_\_

☐ Financial Exploitation

\_\_\_\_\_

☐ Physical Abuse

\_\_\_\_\_

☐ Psychological Abuse

\_\_\_\_\_

☐ Self-Neglect ( Poor Self Care)

\_\_\_\_\_

☐ Sexual Abuse

\_\_\_\_\_

☐ APS CHECK NOT REQUESTED

☐ NO RECORD OF CONFIRMED ADULT ABUSE ON FILE

**CAN Central Registry Clearance:** The following results are based upon the information provided on Page 1:

**Types of Confirmed Child Abuse or Neglect:**

**Date(s) of Confirmation:**

☐ Physical Harm/ Abuse

\_\_\_\_\_

☐ Failure to Thrive

\_\_\_\_\_

☐ Threatened Physical Harm/ Abuse

\_\_\_\_\_

☐ Physical Neglect

\_\_\_\_\_

☐ Abandonment

\_\_\_\_\_

☐ Lack of Supervision

\_\_\_\_\_

☐ Medical Neglect

\_\_\_\_\_

☐ Threatened Physical Neglect

\_\_\_\_\_

☐ Sex Abuse

\_\_\_\_\_

☐ Threatened Sex Abuse

\_\_\_\_\_

☐ Psychological Harm

\_\_\_\_\_

☐ Abuse

\_\_\_\_\_

☐ Neglect

\_\_\_\_\_

☐ Threatened Psychological Harm

\_\_\_\_\_

☐ Providing a child with dangerous, harmful, or detrimental drugs as defined by Section 712-1240

\_\_\_\_\_

☐ CAN CHECK NOT REQUESTED

☐ NO RECORD OF CONFIRMED CAN ON FILE

Clearances Completed by : \_\_\_\_\_ Date: \_\_\_\_\_

Mail copy of results to requesting agency.

Forward originals to CWS FHLU.