

**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.)

- |  |         |  |        |
|--|---------|--|--------|
| <input type="checkbox"/> Non-Profit Entities | \$8.00  | <input type="checkbox"/> Schools   | \$8.00 |
| <input type="checkbox"/> For-Profit Entities | \$25.00 | <input type="checkbox"/> Child Day Care                                  | \$8.00 |
| <input type="checkbox"/> State Agencies      | \$8.00  | <input type="checkbox"/> 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.