

DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM
Web Portal



Complete the below form and **fax** or **email** directly to the Division of Professional Regulation at the contact information below:

Fax: (302) 739-2711

DE Application Number: APP-_____

Email: customerservice.dpr@delaware.gov



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: ☐ None _____

Social Security #: _____ - _____ - _____

Date of Birth (mm/dd/yyyy)*: ____ - ____ - ____

Gender*: ☐ Male ☐ Female

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? ☐ Yes ☐ No

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 further release 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*: **DIVISION OF PROFESSIONAL REGULATION**

2. ☐ Individual Request - Self

* Mandatory