

Kansas Department of Social and Rehabilitation Services
Protection Report Center Central Registry
915 SW Harrison, 5th Floor South
Topeka, Kansas 66612

**Child Abuse and Neglect Central Registry
Release of Information**

I, _____ give permission for the release of any information concerning
(please print complete first, middle & last name)

myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Barbra Upton-Garvin, Human Resources

Agency Name: Boys & Girls Clubs of Greater Kansas City

Mailing Address: 6301 Rockhill Road, Suite 303

Kansas City, MO 64131

Phone Number: (816) 361-3600, ext. 230

I understand that all information released will be for the exclusive and confidential use of the above
named organization/person/agency.

**★ ★ Please complete the information below by printing in ink. ★ ★
Please print legibly. Do not leave any space blank.**

First, Middle and Last Name: _____

Maiden Name: (If female applicant, please
provide maiden name or any other name used.
If male applicant, please use N/A.)

Married Names: (Use N/A if none available.)

Nicknames or Other Names Used:

Date of Birth: _____

Race: _____

Social Security #: _____

Gender: Male Female

Signature: _____

Date: _____

Current Address: _____
