

**RELEASE OF INFORMATION**

I understand that as a condition of my employment or as a volunteer, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release specific and detailed information contained on the Adult or Child Protective Services Central Register including the information that a record has been found to:

Lincoln Public Schools E<sup>x</sup>CITE  
5901 O Street, Lincoln, NE 68510      FAX: 436-1929

\_\_\_\_\_  
Signature of Applicant/Employee/Volunteer

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print or type name of Applicant/Employee/Volunteer

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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/  
/

Other Names Used in Past Twenty (20) Years  
(Please Print or Type)  
(Use back of sheet if necessary)

\_\_\_\_\_  
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Other Addresses in Past (20) Years  
(Please Print or Type)  
(Use back of sheet if necessary)

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/

Names of Children Who Have Lived With You  
(Please Print or Type)  
(Use back of sheet if necessary)

\_\_\_\_\_  
(Date of Applicant's Birth)

\_\_\_\_\_  
(Home Address of Applicant/City/Zip)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Date Witnessed)