



ADAM WALSH CHILD PROTECTION AND SAFETY ACT

CENTRAL REGISTRY INQUIRY

Complete a separate form for each person giving authorization for an Adam Walsh check.

Last Name		First Name		Middle Name		Household Name	
Aliases, Maiden Name, Previous Married Name(s)				Social Security #		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth		Place of Birth: City		State		Country	
Driver License Number		State of Issuance		Home Phone Number		Alternate Phone Number	
Physical Address				City		State	Zip
Mailing Address				City		State	Zip
Residency: Alaska		Yrs	Mo's	Physically here		Yrs	Mo's
Please list your previous residence for the last ten (10) years. Attach additional page(s) if necessary.							
From (MM/YY)	To (MM/YY)	City			State	Country	

Authorization: I authorize the state of Alaska Child Abuse and Neglect Registry to release all information regarding reports of maltreatment involving abuse or neglect of minors in which I am named as the person found responsible for the maltreatment history in which I am listed. This information will be released to:

Requesting Agency:	
Contact Name:	
Mailing Address:	
Email Address:	
Phone:	
Fax:	

This information is being requested as part of a background check as required by the child welfare or child placing agency listed above.

I certify that the contents of this form and information provided with it are true, accurate, and complete.

Applicant Signature: _____

Date: _____