

**AUTHORIZATION OF RELEASE  
OF CHILD OR VULNERABLE ADULT WYOMING CENTRAL REGISTRY  
AND CRIMINAL HISTORY PRESCREEN RECORD INFORMATION**

**To Be Completed by Person Being Screened (Please type or print legibly)**

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry or Wyoming Criminal History Record prescreen to check for abuse, neglect and exploitation of children or vulnerable adults or crimes against person(s) or property. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated criminal or abuse activities may be the grounds for termination of employment.

Full Legal Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Aliases \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ethnicity

- Caucasian
- Hispanic
- Asian
- Native American
- Black
- Other \_\_\_\_\_

Gender: Male  Female

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

List All Addresses for the past ten (10) years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“Voluntarily” List Names of Your Children (This information assures accuracy of the screen)

\_\_\_\_\_  
\_\_\_\_\_

In the course of my duties, I will have unsupervised access to

Children \_\_\_\_\_ Adults \_\_\_\_\_ Both Children and Adults \_\_\_\_\_

I hereby authorize the results of this check be provided to the Organization/Facility/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services.

**AUTHORIZATION IS VALID 30 DAYS FROM THE DATE SIGNED**

\_\_\_\_\_  
Signature of Person Being Screened

\_\_\_\_\_  
Date (valid for 30 days)