

Kansas Department of Social and Rehabilitation Services  
Protection Report Center Central Registry  
915 SW Harrison 5<sup>th</sup> Fl. 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 and last name)  
myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Natasha Purcell, HR  
Agency Name: Labette Center for Mental Health Services, Inc.  
Mailing address: 1730 Belmont PO Box 258  
Parsons KS 67357  
Phone Number ( 620 ) 421-3770

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Central Registry Use Only