Department of Health & Human Services
DHHS
NEBRASKA

Division of Children and Family Services (CFS)

Nebraska Child Abuse and Neglect Central Registry (CAN Registry)/ Nebraska Adult Protective Services Central Registry (APS Registry) Authorization for Release of Information for Registered Organizations

All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. **This form is for use only by organizations who have registered with CFS to obtain CAN Registry and/or APS Registry information**. For information on how to register your organization go to: http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx .

ORGANIZATION INFORMATION

Registered Organization ID Number	Registered Organization Name
1022	One Source The Background Check Company

APPLICANT INFORMATION

First	Middle	Last Name

Date of Birth	Age	Social Security Number

Current Address

City	State	Zip Code

Applicant's E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

Other names, such as a maiden name, former married name, or nickname, used in the past 20 years:

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided in the past 20 years (minimum City & State):

Please release the following information to the Organization listed above: (Check all that apply): .

☐ Nebraska Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding any listing(s) which relate or pertain to me:
   a. Date of the alleged child abuse or neglect; and
   b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

☐ Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding any listing(s) which relate or pertain to me:
   a. Date of the alleged adult abuse or neglect; and
   b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

This authorization is valid for a period of 6 months from the date of signature.

_____ _____

Signature of Applicant Date

(NOTE: If Applicant is less than 19 years of age the signature of Applicant's Legal Guardian is also required below)

Section A - Verification of Identity of Applicant: Section A or B must be completed.

STATE OF_____)
) ss.
COUNTY OF_____)

The foregoing instrument was acknowledged before me this_____day of _____, 20_____ by:

_____

(Printed Name of Applicant) .

_____

Affix Official Notary seal here Notary Public

Section B - Verification of Identity of Applicant: Section A or B must be completed.

The undersigned Organization employee hereby certifies that he or she has verified the identify of the Applicant by examining the Applicant's identification documents.

_____ _____

Signature of Organization Employee Date

_____

Printed Name of Organization Employee

_____ _____

Signature of Applicant's Legal Guardian Date

(NOTE: This signature is necessary only if Applicant is less than 19 years of age).

Verification of Identity of Applicant's Legal Guardian (If applicable)

STATE OF_____)
) ss.
COUNTY OF_____)

The foregoing instrument was acknowledged before me this_____day of _____, 20_____ by:

_____

(Printed name of Applicant's Legal Guardian) .

_____

Affix Official Notary seal here Notary Public

VOLUNTEER DISCLOSURE AND AUTHORIZATION FORM

[**IMPORTANT** -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Volunteer Agency] ("Organization") may obtain information about you from a consumer reporting agency for volunteer service purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for volunteer service is an investigation into your education and/or employment history conducted by **[One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645]** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing [Volunteer Agency] to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your volunteer service to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Organization at any time after receipt of this authorization and throughout my volunteer service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **[One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645]**, another outside organization acting on behalf of [Volunteer Agency], and/or [Volunteer Agency] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or volunteers only: You have the right to inspect and receive a copy of any investigative consumer report requested by [Volunteer Agency] by contacting the consumer reporting agency identified above directly.
Minnesota and Oklahoma applicants or volunteers only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Organization. □
California applicants or volunteers only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Organization whenever you have a right to receive such a copy under California law. □

Last Name _____ First _____ Middle _____

Other Names/Alias_____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone Number_____

City/State/Zip_____

All Previous Addresses in the Last Seven Years_____

_____

_____

Signature: _____ Date: _____

*This information will be used for background screening purposes only.