South Carolina Department of Social Services

CONSENT TO RELEASE INFORMATION

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/ organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one-time search of the Central Registry for the purpose of:

LOWCOUNTRY ORPHAN RELIEF, INC.
P.O. Box 1074
Charleston, SC 29402-1074

Central Registry Check Fee: $8.00

Please Print or Type: (Complete spelling of name required, first, middle, and last – no initials.)

Name: _____ DOB: _____ Sex: _____ Race _____
First Middle Last

Maiden/Former Name: _____ Name Change: _____

Place of Birth: _____ SSN: _____

E-Mail Address _____ Phone: _____

Current Address: _____ Previous Address: _____

_____ _____

_____ _____

THIS FORM MUST BE WITNESSED (MAY BE NOTARIZED). SUBMIT APPROPRIATE PAYMENT & FORM FOR PROCESSING TO:
South Carolina Department of Social Services Telephone: (803) 898-7318
Attention: Cashier
P.O. Box 1520
Columbia, SC 29202-1520

_____ _____
Signature of Applicant Date

_____ _____
Signature of Witness (or Notary) Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY
(This section to be completed by an authorized DSS employee only – Division of Human Services)

- ☐ The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- ☐ The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- ☐ Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- ☐ Other – See attached correspondence.

_____ _____
Authorized DSS Employee Date