

**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 also understand that all information provided on this form will be released 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: Employment

Mail Results To: BILLIE HARDEE HOME FOR BOYS  
PO Box 617  
Darlington, SC 29540

**Central Registry Check Fee:** (Check one and attach appropriate payment by check or money order.)

- |   |         |  |        |
|---|---------|--|--------|
| <input checked="" type="checkbox"/> Non-Profit Entities | \$8.00  | <input type="checkbox"/> Schools   | \$8.00 |
| <input type="checkbox"/> For-Profit Entities            | \$25.00 | <input type="checkbox"/> Child Day Care                                  | \$8.00 |
| <input type="checkbox"/> State Agencies                 | \$8.00  | <input type="checkbox"/> Other (Individuals, all others not named above) | \$8.00 |

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

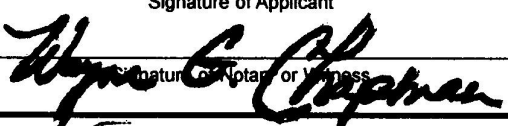
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Maiden/Former Name: \_\_\_\_\_ Name Change: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_

**This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:**  
 South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;  
 Telephone (803) 898-7318.

|  |               |
|--|---------------|
| _____<br>Signature of Applicant  | _____<br>Date |
| <br>_____<br>Signature of Notary or Witness | _____<br>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 day 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