

North Carolina Department of Health and Human Services | Division of Social Services
Request for Confidential Information Regarding Child Abuse, Neglect and/or Dependency

G.S. § 7B-311 mandates that information in the Central Registry shall be confidential, except as permitted by law. It is unlawful for any person who is authorized to receive information from the Central Registry to release that information to anyone. Your signature below certifies that you are authorized to request this information and indicates that you will not re-disclose this information unless directly connected to mandated responsibilities. **NOTE:** According to NC law, this form may not be used for Adam Walsh related clearances to approve prospective foster or adoptive applications. Instead, please use the [DSS-5268](#).

Agency Information:

Name of Agency _____

Name/Signature of Authorized Requestor _____

Address _____

Phone _____ Fax _____

Purpose of Request (check one):

- To aid in the completion of an open CPS investigation or ongoing case management services;
- To assist with an open court case resulting from abuse and neglect;
- To assist law enforcement investigating the abuse or neglect of a child.

Persons to be Checked:

Child First Name	M.I.	Child Last Name	DOB	Sex	*Race	**Ethnicity	Last 4 of SSN
Caretaker First Name	M.I.	Caretaker Last/Maiden Name	DOB	Sex	*Race	**Ethnicity	Last 4 of SSN

*Race: White=W, Black or African American=B, American Indian or Alaskan Native=AI or AN, Asian=A, or Native Hawaiian or other Pacific Islander=PI
 **Ethnicity: Hispanic or Latino = H, or Not Hispanic or Latino = NH

Submit request on agency letterhead via fax to 984-285-7159 or mail to:
 NC Division of Social Services – Central Registry
 MSC 2408
 Raleigh, NC 27603-2408

Response by NC DHHS | Division of Social Services:

- There is no information available based on the information provided.
- Your request cannot be processed based on the information supplied.
- North Carolina is a state-supervised and county-administered system, with individual case records located at the local county level. Please contact:

County Name	County Phone	County Address

NCDHHS Consultant _____ Date _____