

Louisiana Department of Children and Family Services

State Central Registry Clearance Request Form

To: _____ DCFS Regional Office
 From: _____ Potential Employer Office
 Office Address: _____

 Signature of Department/Facility Employer Requesting Clearance Date of Request

 Signature of Potential Employee Date

In accordance with [La. R.S. 46:51.2](#) the department must conduct a state central registry (SCR) check for a potential employee of the department or current employee of the department whose name appears on the SCR subsequent to December 31, 2009, and whose duties include:

- the investigation of child abuse or neglect,
- supervisory or disciplinary authority over children,
- direct care to a child, or
- performance of licensing surveys.

As the individual identified below is applying for the position of _____, the department/facility requests that a state central registry check be completed.

Name of Applicant/Current Employee	Social Security Number	Date of Birth
Maiden, Previous or Any Other Name Used	Race	Sex
Current Street Address	City and State	Zip Code
Most Recent Previous Address	City and State	Zip Code
()- Current Home Phone	()- Current Cell Phone	()- Work Phone

DCFS Use only

The State Central Registry Check conducted on the potential employee resulted in the following:

No valid record found

Unable to determine

Valid record found Date of Finding: _____

 Regional Administrator or Designee Signature Date of record check