



Rebecca Starling  
Coordinator



Phone 601-960-8905  
Facsimile 601-960-8896  
Email rstarling@jackson.k12.ms.us

To: Mississippi Department of Human Services  
Division of Family and Children's Services  
Child Abuse Central Registry  
P.O. Box 352  
Jackson, MS 39205

From: Jackson Public School District  
Partners in Education  
P.O. Box 2338  
Jackson, MS 39225-2338

School: \_\_\_\_\_

Print Applicant's Full Name (List maiden name and any aliases)

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Requesting agency should verify by viewing the applicant's Driver's License and Social Security Card.)

Physical Address: \_\_\_\_\_

By signing this form, I give the above named agency permission to request an MDHS Child Abuse/Neglect Central Registry background check. I understand that this information will be used only for employment purposes and will not be re-disseminated to other persons or used for other purposes.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant

I have witnessed the applicant's signature and the information is true and attested by my viewing the applicant's Social Security Card and Driver's License. I understand that this information must be kept confidential with my agency.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness (Witness must be a representative of the requesting agency.)

-----  
**THIS SECTION TO BE COMPLETED BY MDHS OFFICE**

\_\_\_\_\_ No identifying information was found in the Central Registry.

\_\_\_\_\_ The following information was found in the Central Registry.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of MDHS Representative