



AUTHORIZATION FOR RELEASE OF INFORMATION FOR BEHAVIOR ANALYST AND ASSISTANT BEHAVIOR ANALYST

The names of the applicant must be checked against the Nebraska Child Abuse/Neglect Register **AND** the Nebraska Adult Abuse and Neglect Central Registry (for age 18 and older).

The Department needs your authorization to check name/s against the Nebraska Child Abuse/Neglect Register and the Nebraska Adult Abuse and Neglect Central Registry.

I authorize to have Nebraska Department of Health and Human Services conduct Registry Checks of my name(s) on the Registries listed above for the purposes of licensure. The Department may state if my name appears or does not appear on the registers as an alleged perpetrator and may use information obtained for licensing determinations.

The submission of Social Security Numbers is voluntary; however, they are requested for the purpose of expediting the process of conducting the required background checks. Social Security Numbers will not be released without the individual's authorization except as required by law.

INCOMPLETE RELEASES WILL NOT BE PROCESSED

Print Applican	t Current Name (First, Middle, Last, Suff	Gender: M F	Applicant Social Security Number:		
Print Other Na	nmes (Marriages/Maiden/Alias/Nicknames.		Date of Birth:		
Applicant Signature S			Signature Date		
ADDRESS HISTORY: Provide 20 years of address history OR address history from age 13. Begin with current address, include Street, City, State, and Date moved to and away from each address (mm/yy – mm/yy).			CHILDREN: Full Names and Date of birth of own children. If you have no children, write NONE.		
DATES	STREET ADDRESSES	CITY and STATE	FULI	FULL NAME DATE OBIRTH	
			DHHS/Occupationa	al Licensure Office Use	Only
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