

# Consent to SACWIS Central Registry Search

CHANGE A  
CHILD'S STORY.™



Applicant Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Required Documents Provided:      Secondary Document Provided (choose 1):

\_\_\_\_\_ Social Security

\_\_\_\_\_ Driver's License

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Passport

Agency Requesting Information:      Athens CASA/GAL Program  
1 S. Court Street  
Athens, OH 45701  
(740) 590-1123  
info@athenscasa.org  
Jenny Stotts, Executive Director

Results returned to: Jenny Stotts, Executive Director

I (above individual) understand the request for SACWIS search as a condition of my volunteer application with the Athens CASA/GAL Program. I have had my questions answered and am competent to consent to this search. My permission is granted to ODJFS to release the results of this search to the Athens CASA/GAL Program.

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

Athens CASA/GAL Program  
1 South Court Street  
Athens, Ohio 45701  
[www.athenscasa.org](http://www.athenscasa.org)