

**Instructions for the completion/submission of  
Indiana School Personnel Request for an Expanded Child Protection Index Check  
State Form 56025 (R /6-16)  
Department of Child Services**

All requests for CPI searches for Indiana school personnel purposes must be submitted on the current version of the state approved form entitled *Indiana School Personnel Requests for an Expanded Child Protection Index Check SF 56025 (R /6-16)* per the instructions on this document. The request will not be accepted until all information is complete and correct. Forms will be returned for corrections when any information is missing or instructions are not followed. Additionally request will be returned if not submitted upon the correct and/or current version of the request form.

When completing, the information should be printed in capital letters or typed.

*Indiana School Personnel Request for an Expanded Child Protection Index Check SF 56025* are only completed by Department of Child Services (DCS), Central Office Background Check Unit (COBCU). Do not submit these request to any local county DCS office. Request will only be accepted at the below indicated e-mail address and fax number

Where to submit the *Indiana School Personnel Request for an Expanded Child Protection Index Check*:

Preferred method of submission: Scan as PDF document and email to [DOE.CPIchecks@dcs.in.gov](mailto:DOE.CPIchecks@dcs.in.gov)

This e-mail address is reserved for the submission of school personnel CPI searches only.

Other options for submission of request include:

By Fax: **317-232-1758**

(This fax number is reserved for the submission of school personnel CPI search only)

By Regular Mail:

Indiana Department of Child Services, COBCU  
302 W. Washington Street  
Room E306, MS08  
Indianapolis, IN 46204

**NOTE:** If submitting by US Postal mail please send a copy and keep the original. If the request is returned for corrections, these corrections should be made on the original and a new copy resubmitted.

The Department of Child Services does not charge for the completion of this search. There is no requirement for an original signature or the form to be notarized.

Upon receipt of a complete and correct request form, COBCU has 10 business days to complete and return the request to the requestor. The form will be returned via e-mail to the e-mail address list in #9 of the form. If not e-mail address is provided the form will be returned by fax to the fax number listed in #8. The form will be returned by US postal service only if an e-mail address or fax number is not available or cannot be obtained or the requestor specifically indicates to mail the request form.

Do not send duplicate or repeat requests. Email the COBCU at [DOE.CPIchecks@dcs.in.gov](mailto:DOE.CPIchecks@dcs.in.gov) if you have not form returned for corrections or received completed results after 10 business days of submission of the complete and correct form.

## Section A –

This section is to be completed by the Requesting Organization about the applicant and the requesting agency. Do not have the applicant complete Section A.

- Question 1- Provide the applicant's full legal, first, middle and last name as it appears on an official document. **If no middle name or initial given at birth indicate "no middle" or "none"**. If left blank, it is incomplete and will be returned unprocessed.
- Question 2- Mark the appropriate box that indicates the status of the applicant in which this CPI check is being completed.
- Question 3- Enter the name of the School Corporation, Charter School or Non-Public School which the applicant will be employed, is current employed or volunteers.
- Question 4- Identify the Requesting Organization. Complete #4 even if the same as #3.  
**NOTE:** If a third party vendor is completing the checks for a school corporation, Charter School or Non-Public School, the third party vendor information should appear in # 4 through #9
- Question 5- Enter the contact person's name associated with the organization listed in #4. This is the person that any returns, questions, and/or completed results will be addressed.
- Question 6- Enter the completed mailing address of the requesting organization listed in #4.
- Question 7- Enter the phone number (include area code) of the person in # 5.
- Question 8- Enter the fax number (include area code) to return the completed request. This fax number provided should be available 24/7 as these requests may be returned at any time and not necessarily during the requestor's business hours.
- Question 9- Enter the e-mail address for the returning of the form.

## Section B -

**This section is to be completed by the applicant, when possible, or reflect information collected directly from the applicant and entered by the requesting organization.**

- Question 10- Legal signature of the applicant. This signature provides DCS with the authority to complete the search and return the results found to the requesting organization.
- Question 11 - Enter the date #10 was signed. **NOTE:** release is valid for 60 days only.
- Question 12 - Mark the appropriate box for the applicant's gender.
- Question 13 - Type or Print the EXACT name as signed in #10.
- Question 14 – Enter the applicant's date of birth.
- Question 15 – Enter the applicant's race.
- Question 16 – Enter the applicant's current residential address, include city, state and zip as of the date the form is completed.
- Question 17 – Enter the last four numbers of the applicant's Social Security Number. If the applicant does not have a Social Security Number for any reason, provide an explanation of why in this space. In addition, if the applicant has ever had a different Social Security Number at any time or under any other name, also provide that number here. Additional pages may be included if necessary
- Question 18 – Please list **all counties / state of residency**, begin with most current residency in 18a, working backwards until January 1998. Use "current" or "present" for the end date for the current county/state which will match the residential address listed in #16. **If this information is not provided as outlined the form will be considered incorrect and will be returned unprocessed.**  
**NOTE:** Including all county/states of residency back to 1998, even when the applicant was not yet 18 years old, as well as including county/state information outside of Indiana assist COBCU in providing accurate results. Providing this information to Indiana does substitute for the requirement to run searches in all other states.
- Question 19 – Has the applicant, at any time during his/her lifetime, used or been referred to by a different first, middle and/or last name indicated in Question 1 at the top of the form. This will include names prior to an adoption, maiden names, previously married names, nick names, shortened first names or use of middle name as commonly used first name, or change in middle name due to using maiden name as middle name after marriage or combination of any of the above. **If the answer is NO, please stop.** If the answer is YES, completed 19a-19e. Attach additional page if necessary.
- **The requesting organization shall retain the original for their file and submit a copy to the DCS COBCU Unit in a method indicated on Page 1 of this document.**