

**Instructions to complete “Consent to Release Information” form for  
Foster Care Review Board**

**Section I. Purpose of Request**

- A. Check off - “becoming or remaining an employee of or a member of the state or local foster care review board”

**Section II. Mail Results to:**

Pickens County Legislative Delegation      ATTN: Tiffany Chandler  
West End Hall, Room 205, 201 S. Fifth St.      TEL. NO.: 864-850-7070  
Easley, SC 29640

**Section III. Central Registry Check Fee**

**This does not apply – no fees**

**Section IV. Please print legibly or type the following:**

This is the information of the nominee – to be filled out by the nominee

**Section V. Your signature MUST be witnessed or notarized**

The applicant must sign the form and have it witnessed. **It does NOT need to be notarized.**

**Mail this form to:**

**SC Dept. of Social Services ATTN: Cashier, 1535 Confederate Avenue, PO BOX  
1520 Columbia, SC 29202-1520**

**Section VI. This section is to be completed only by authorized DSS Employees of the Department**

Once the Dept. of Social Services completes the background check and returns the results to the Delegation Office, the results will then be emailed to  
(Amy Hornsby, Interim Director)