	Central Registr PO Box 6129 Telephone (602	OARD OF FINGERPR ry Exception Refere • Phoenix, Arizona 8500 2) 265-0135 • Fax (602) 2 t.az.gov • <u>https://fingerpri</u>	ence Form 05-6129 265-6240	Do not write in this area
1.	Letter of Reference for:			
2.	Agency:			
	Phone:			
3.	Are you the applicant's employer?			
	[_]] Yes [_]] f	No		
4.	Are you aware that the Arizona Department of Economic Security has denied clearance for the individual requesting this letter because of a substantiated allegation of child abuse or neglect?			
	[_]] Yes [_]] f	No		
5.	Has this individual informed you of the reason(s) for the denial?			
	[_]] Yes [_]] f	No		
6.	How long have you been acquainted with this individual? Please indicate the number of:			
	Years	_Months		
7.	In what ways do you know this individual? (Please check only one.)			
	[] Personally [] Professionally	[D] Both	
8.	Would you recommend that this individual be granted a central-registry exception?			
	[] Yes [] No	[] Undecided	
9.	Please include any additional state on a separate sheet.	ements you would like re	garding this individua	l, either below or