



ARIZONA BOARD OF FINGERPRINTING

Central Registry Exception Reference Form

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Do not write in this area

1. Letter of Reference for: _____
2. Written by: Name: _____
Agency: _____
Address: _____

Phone: _____
3. Are you the applicant's employer?
 Yes No
4. Are you aware that either the Arizona Department of Economic Security or the Arizona Department of Health Services has denied clearance for the individual requesting this letter because of a substantiated allegation of child abuse or neglect?
 Yes No
5. Has this individual informed you of the reason(s) for the denial?
 Yes No
6. How long have you been acquainted with this individual? Please indicate the number of:
_____ Years _____ Months
8. In what ways do you know this individual? (Please check only one.)
 Personally Professionally Both
9. Would you recommend that this individual be granted a central-registry exception?
 Yes No Undecided
10. Please include any additional statements you would like regarding this individual, either below or on a separate sheet.

Signature

Date