

**DEPARTMENT OF MENTAL RETARDATION  
REGISTRY INFORMATION INQUIRY\***

In accordance with Section 17a-247a of the CT General Statutes, and the regulations promulgated thereunder, I am requesting information on the following individual(s):

Last Name	First Name	SS#	Date of Birth	Purpose for Request*	On Registry Y/N
_____	_____	---/--/----	__/__/____	<input type="checkbox"/> Emp. <input type="checkbox"/> Prot.Ser.	<input type="checkbox"/>
_____	_____	---/--/----	__/__/____	<input type="checkbox"/> Emp. <input type="checkbox"/> Prot.Ser.	<input type="checkbox"/>
_____	_____	---/--/----	__/__/____	<input type="checkbox"/> Emp. <input type="checkbox"/> Prot.Ser.	<input type="checkbox"/>
_____	_____	---/--/----	__/__/____	<input type="checkbox"/> Emp. <input type="checkbox"/> Prot.Ser.	<input type="checkbox"/>
_____	_____	---/--/----	__/__/____	<input type="checkbox"/> Emp. <input type="checkbox"/> Prot.Ser.	<input type="checkbox"/>

Employer Name: \_\_\_\_\_ FEIN # SSN: \_\_\_\_\_

Name and Title of Person Requesting Information (please print):

\_\_\_\_\_

<b>First Name</b>	<b>Last Name</b>	<b>Title</b>
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\_\_\_\_\_  
(Signature of Person Requesting Information) (Date)

Telephone #: ( ) \_\_\_\_\_ Secured Fax #: ( ) \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – DMR USE ONLY**

\_\_\_\_\_  
(Signature of Person Responding) Date Tel#:( ) \_\_\_\_\_

\*Emp. = Employment  
Prot. Ser. = Protective Service