



Authorization for Release of Information for DCF CPS Search

5/2010

I, _____ do hereby authorize the Department of Children and Families to research
(Type Applicant Name)

their records for any and all information concerning charges, findings, dispositions, etc., relating to child abuse or neglect in which I/my family may have been named, and to release it to the agency listed below. I understand that this information will determine my suitability solely for (check one): **Employment** **Day Care** **Volunteer** **Intern** **Mentor** **Other**

Attention:
By: Agency Name / **Agency:**
 Address/City / State / Zip **Address:**
 Code **City:** **State:** **Zip Code:**

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES

Name: _____ Date of Birth: _____
 Last First Middle Social Security #:
 Address: _____
 Street (No P.O. Boxes) Apartment No. _____
 City State Zip Code _____
 How Long at Current Address: _____ Yrs. _____ Mos.

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)						<input type="checkbox"/> Check if reverse side used	
Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates		
					From Month/Yr.	To Month/Yr.	

Other Names I have Used – Including Maiden, Previous Marriages(s)			<input type="checkbox"/> Check if reverse side used	
Last	First	Middle		

Name of Spouses/Other Adults in the Home – Past and Present						<input type="checkbox"/> Check if reverse side used
Last	First	Middle	D.O.B. Month/Day/Year	Social Security #	Signature/Date (If Still in the Home)	

Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home					<input type="checkbox"/> Check if reverse side used
Last	First	Middle	Sex	D.O.B. Month/Day/Year	

Date: _____ Applicant Signature: _____

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE

FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED

****DCF Conducts a Search of the CT Registry ONLY*** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

Mail to: DCF Hotline Background Searches – 505 Hudson Street – 5th Floor – Hartford, CT 06106

DCF-CT HOTLINE CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE

DATE: _____ RECORD FOUND: YES _____ NO _____ Processor's Initials: _____