01/2012

Authorization for Release of Information for DCF CPS Search

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

its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for *(check one):* ☐ **Employment** ☐ **Day Care** ☐ **Volunteer** ☐ **Intern** ☐ **Mentor** ☐ **Other**

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

Attention: **Mary P. Conway, Superintendent**
Agency: **Vernon Public Schools**
Address: **30 Park Street**
City: **Vernon** **State: CT** **Zip Code: 06066**

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: _____
Last **First** **Middle**

Date of Birth: _____

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)* ☐ **Check if reverse side used**

Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates From Month/Yr.	Dates To Month/Yr.

Other Names I have Used – ***Including Maiden, Previous Marriages(s)*** ☐ **Check if reverse side used**

Last	First	Middle

Name of Spouses/Other Adults in the Home – ***Past and Present*** ☐ **Check if reverse side used**

Last	First	Middle	D.O.B. Month/Day/Year	Signature/Date (If Still in the Home)

Names of ALL Child(ren) – ***Biological, Stepchildren Including Adult Children In or Out of the Home*** ☐ **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.

DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE.

******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 or FAX: 860-560-7072

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

DATE: _____ Central Registry: YES _____ NO _____ Processor's Initials: _____