



AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH



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 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

by: _____
(Agency Name / Address / 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.

For DCF Use

PLEASE TYPE OR PRINT LEGIBLY/LEAVE NO BLANK SPACES

NAME _____ Date of Birth ____/____/____
Last First Middle Month Day Year

ADDRESS _____ Social Security Number (SSN) ____/____/____
Street [No P.O. Boxes] Apt# City
State Zip Code How long at current address? _____ YRS _____ MOS

PREVIOUS ADDRESS(S)/LIST ALL FOR THE LAST FIVE YEARS (continue on reverse side of form if necessary) Check if reverse side used

ADDRESS _____
Street [No P.O. Boxes] Apt# City
State Zip Code From _____ Until _____ (Mo/Yr)

ADDRESS _____
Street [No P.O. Boxes] Apt# City
State Zip Code From _____ Until _____ (Mo/Yr)

OTHER NAMES I HAVE USED: _____
Including MAIDEN, PREVIOUS MARRIAGE(s): Last First Middle
Last First Middle

Check if reverse side used

NAME OF SPOUSES/other ADULTS IN THE HOME: _____ DOB ____/____/____
Last First Middle Month Day Year
Past and present Social Security Number (SSN) *Signature/Date *(if still in the home)

Check if reverse side used

NAME of ALL CHILD(REN) _____ DOB ____/____/____
Biological, Stepchildren sex Month Day Year
Including adult children in or out of the home Last First Middle sex DOB ____/____/____
Last First Middle sex DOB ____/____/____

Check if reverse side used

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

revised 05/09