

Department of Children and Families One on One Mentoring Program Authorization for Release of DCF, DMV, DPS Information

Pursuant to Connecticut General Statutes Sec. 17a-28, I hereby give the **Connecticut Department of Children and Families** permission to search their records, as well as **Department of Motor Vehicles and Department of Public Safety** records, and release any and all information concerning charges, findings, dispositions, etc. relating to child abuse or neglect, as well as vehicular and criminal law matters, in which I have been named, to:

Local Agency Name (NOT DCF): Klingberg Family Centers			
Address:	City:	State:	Zip Code
370 Linwood Street	New Britain	CT	06052

I release the Connecticut Department of Children and Families from any liability for any damages I may incur which may result from the release or use of this information.

I submit the following information to assist the Connecticut Department of Children and Families in their search.

Please Print Clearly In Ink or Type

Name Last:		First:	Middle:
Address:	State:	Driver License Number:	Social Security #
		Date of Birth:	
City:	Zip Code	Gender:	

Previous Addresses: *(List all addresses for the past 5 years – please use an extra sheet if necessary)*

Address:	State:
City:	Zip Code

Address:	State:
City:	Zip Code

Aliases (also known as) and/or Maiden Name:

Last Name	First Name	Middle Name

Please print this form and sign:

Signature: _____ **Date** _____