



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): X **Employment**  **Day Care**  **Volunteer**  **Intern**  **Mentor**  **Other**

**By:** Agency Name / Address/City / State / Zip Code  
**Attention:** Sally Lehoux  
**Agency:** Hampton Board of Education  
**Address:** 380 Main Street  
**City:** Hampton **State:** CT **Zip Code:** 06247

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. How Long at Current Address: \_\_\_\_\_  
 City State Zip Code 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.	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

Email to: [DCF.BackgroundCheck@ct.gov](mailto:DCF.BackgroundCheck@ct.gov) or Mail to: DCF Careline Background Searches- 505 Hudson Street – 5<sup>th</sup> Floor – Hartford, CT 06106 or FAX: 860-560-7071

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

DATE: \_\_\_\_\_ Central Registry: YES \_\_\_\_\_ NO \_\_\_\_\_ Processor's Initials: \_\_\_\_\_