



**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.

**PLEASE TYPE OR PRINT LEGIBLY/LEAVE NO BLANK SPACES**

**For DCF Use**

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 Last First Middle  
 MARRIAGE(s): \_\_\_\_\_  
 Last First Middle

Check if reverse side used

NAME OF SPOUSES/other \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ADULTS IN THE HOME: 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

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last First Middle Month Day Year  
 \_\_\_\_\_  
 Social Security Number (SSN) \*Signature/Date \*(if still in the home)

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

Check if reverse side used

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last First Middle sex 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

revised 05/09