



# 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 may 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  
Attention: Agency: 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**

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.	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	Social Security #	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  
\*\*\*\*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**

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

DATE: \_\_\_\_\_ RECORD FOUND: YES \_\_\_\_\_ NO \_\_\_\_\_ Processor's Initials: \_\_\_\_\_