



Authorization for Release of Information for DCF CPS Search

DCF-3031
12/15 (Revised)

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): Employment Day Care Volunteer Intern Mentor Other

By: Agency Name / Address/City / State / Zip Code

Attention: HUMAN RESOURCES DEPARTMENT
 Agency: THE VILLAGE FOR FAMILIES AND CHILDREN
 Address: 1680 ALBANY AVE
 City: HARTFORD State: CT Zip Code: 06105

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

Address: _____ Social Security #: _____
 Street (No P.O. Boxes) Apartment No.

How Long at Current Address: _____ Yrs. _____ Mos.
 City State Zip Code

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	Gender	D.O.B. (Month/Day/Year)

Do you have an active DCF investigation at this time? Yes No

Do you have an active appeal of a DCF investigation at this time? Yes No

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

Mail to: DCF Careline Background Searches – 505 Hudson Street – 5th 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: _____