

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH**

DCF-3031

8/19 (Rev.)



<p>I, <u>(Applicant Name):</u> _____</p> <p>do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, 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):</p> <p><input checked="" type="checkbox"/> Employment    <input checked="" type="checkbox"/> Day Care    <input type="checkbox"/> Volunteer    <input type="checkbox"/> Intern    <input type="checkbox"/> Mentor</p> <p><input type="checkbox"/> Other: _____</p>	<p style="text-align: center;"><b>(This area for DCF Use only)</b></p> <p><b>Date Processed:</b> _____</p> <p><b>Central Registry:</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>Processor's Initials:</b> _____</p>
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<p>Name of Agency (requesting background check):  <b>TN Department of Human Services</b></p>	<p>Attention:  <b>Basem Girgis</b></p>
<p>Address: (No. and Street):  <b>James K. Polk Bldg., 15th Floor, 505 Deaderick Street</b></p>	<p>City: <b>Nashville</b>    State: <b>Tennessee</b>    Zip: <b>37243</b></p>

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 Department of Children and Families in their search.

Applicant Last Name	Applicant First Name:	Middle:	DOB:	SS:
Applicant Address: (No. and Street):		Apartment #:	City:	State:
				Zip:
		Years at current address?"		
		Years		Months

**List All Previous Applicant Address(es) for the Last Five Years**       *Check if an additional sheet is necessary, and attached*

Address: (No. and Street):	Apartment #:	City:	State:	Zip:	Dates From:		Dates To:	
					Month	Year	Month	Year

**Other Names I have Used – Including Maiden, Previous Marriages(s)**       *Check if an additional sheet is necessary and attached*

Last Name	First Name:	Middle:	DOB:	SS:

**Name of Spouses/Other Adults in the Home – Past and Present**       *Check if an additional sheet is necessary and attached*

Last Name	First Name:	Middle:	DOB:

**Names of ALL Child(ren) – Biological, Stepchildren, Including Adult Children In or Out of the Home**       *Check if an additional sheet is necessary and attached*

Last Name	First Name:	Middle:	DOB:	Gender:
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown

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

Applicant Signature: \_\_\_\_\_      Date: \_\_\_\_\_

This authorization will expire 180 days after the date of the signature. Forms not filled out completely and / or 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

**How To Submit:** Email: [DCF.BackgroundCheck@ct.gov](mailto:DCF.BackgroundCheck@ct.gov) | Fax: 860-560-7071 | Mail: DCF-Background Check Unit, 505 Hudson Street, Hartford, CT 06106

*Please be advised that due to the large volume of forms received, we are unable to provide confirmation of receipt or status updates during the background check process. If, after 4 weeks, you do not receive the results of any form(s) you sent in or if you have any questions, please contact the BGC Unit.*