Maryland
Department of Human Services

CONSENT FOR RELEASE OF INFORMATION

PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT

Part I: PURPOSE OF SEARCH *(If you are completing this form on your own behalf, all fields in Part I must be completed by you)*

A. RELEASE TO SELF:

☐ 1. To determine if I have been found responsible for an "indicated" disposition for a child abuse or neglect investigation.

☐ 2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

☐ Adoption	☐ School Personnel	☐ Day Care Center	☐ Youth Camp Personnel Administrator
☐ Foster Care	☑ Employment	☐ Family Day Care	☐ Youth Camp Worker/Volunteer
☐ Kinship Care	☐ CASA	☐ Community Mgmt. Entity	☐ Other **(Please Specify)**
☐ International Adoption	☐ Custody Evaluation	☐ Group Home/Residential Treatment Facility	_____

Agency/Individual Name	Name of Agency Representative/Individual
TN Dept of Human Services	Basem Girgis

Agency/Individual Address ***(To include street # and name, unit type and #, city, state, and zip code)***	Rep/Ind Phone Number
Andrew Johnson Tower, 8th Floor, 710 James Robertson Pkwy Nashville, TN 37203	615 - 253 - 417(X

Representative/Individual Email: CCBackground.DHS@tn.gov

Part II: SEARCH INFORMATION *(To be completed **IN FULL** by individual whose name is being searched)*

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE NAME (Full)	MAIDEN/BIRTH NAME

SOCIAL SECURITY NUMBER	A - Number	DATE OF BIRTH	GENDER	RACE
- -				

OTHER NAMES USED

NUMBER	STREET NAME	UNIT	CITY	STATE	ZIP CODE	COUNTRY

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS

CURRENT SPOUSE

LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH

FULL NAMES OF ALL CHILDREN *(To include adult children and children not residing with you).* ***If more than 2 children, attach additional paper if necessary.***

LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH

Part II: SEARCH INFORMATION CONT. *(To be completed **IN FULL** by individual whose name is being searched)*

Do you currently reside, or have you previously resided, in Maryland?	☐**Yes** ☐**No**	**If yes, from what years?** _____
Do you currently volunteer, or have you previously volunteered, in Maryland?	☐**Yes** ☐**No**	**If yes, from what years?** _____

PRIOR ADDRESSES ***(List all within the past 7 years in Maryland)***

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE

Part III: AUTHORIZATION

Pursuant to Code of Maryland Regulation 07.02.07.21, pertaining to the confidentiality of reports and records concerning child abuse or neglect; I _____ hereby authorize the Maryland Department of Human Services to notify TN Dept of Human Services (**agency or individual as listed in Part I)** as to whether a local department of social services has identified me as responsible for "indicated" child abuse or neglect for the purpose of determining my suitability for employment or volunteer service with children.

REVIEW THAT ALL SECTIONS ABOVE ARE COMPLETE *BEFORE* MOVING TO PART IV.

PART IV: MANDATORY ACKNOWLEDGEMENT AND SUBMISSION REQUIREMENTS

The section labeled **PART IV: APPLICANT SIGNATURE AND ACKNOWLEDGEMENT** on Page 5 of this document is a **mandatory** component of the submission process. It must be fully completed, dated, and signed by the applicant *and* appropriate party *prior* to the form being submitted for review and processing.

Please be advised that any forms received without the required completion of Part IV, the Applicant Signature and Acknowledgement section, on Page 5 will be deemed incomplete. Such submissions cannot be processed and **WILL BE RETURNED** to the sender, which will cause significant delays in the review and approval timeline. Ensure the appropriate fields in Part IV are accurately completed and the required signature is present to avoid further delay.

Part IV: APPLICANT SIGNATURE AND ACKNOWLEDGEMENT

*This form must be signed **in the presence of** one of the following individuals: 1) A Notary* or, 2) The Employer's or Volunteer's Representative or, 3) DHS or/a DHS Contracted Vendor staff.*

If you are completing this form on your own behalf, you must have the form notarized.

APPLICANT SIGNATURE ***(Required)***

Name: _____

Signature: _____ **Date**: _____

EMPLOYER ACKNOWLEDGEMENT

I attest that the named individual presented me with the documents required to verify the identity of the individual and legally agreed to allow us to submit a CPS background clearance on them for the purpose of determining their suitability for employment or volunteer service with children.

Name: _____ **Title**: _____

Signature: _____ **Date**: _____

THE AGENCY/CONTRACTED VENDOR/DHS STAFF ACKNOWLEDGEMENT

I attest that the named individual presented me with the documents required to verify the identity of the individual and legally agreed to allow us to submit a CPS background clearance on them.

Name: _____ **Title**: _____

Signature: _____ **Date**: _____

NOTARY ACKNOWLEDGEMENT *(If you are submitting on behalf of yourself, you **must** have this section completed. **Please print before placing your notary stamp.**)*

State of: _____

County of: _____

On this the: _____ day of, _____ 20____

before me, _____,

personally appeared, _____,

known to me or satisfactorily proven to be the person described above, and acknowledged this instrument.

Signature: _____

My Commission Expires: _____

In witness whereof, I hereunto set my official seal.

(Notary Seal Placement)