Part I: PURPOSE OF SEARCH:
(If this is an individual request, skip "Part I")

Agency	Name of Agency Representative
TN Department of Human Services - OIG Background Unit	Basem Girgis - Program Director

Agency Address	Representative's Phone Number
James K Polk Building, 15th Floor, 505 Deaderick St. Nashville, TN 37243	615 - 253 - 4170

Representative's Email

CCBackground.DHS@tn.gov

Agency Representative Signature: _____ **Date:** _____

A. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- ☐ Adoption
- ☐ International Adoption
- ☐ CASA
- ☐ Daycare Center
- ☐ Foster/Kinship Care
- ☐ Group/Res. Facility
- ☐ Volunteer
- ☐ Youth Camp
- ☐ Institutional Employee
- ☐ Law Enforcement Agency
- ☐ Child Welfare Agency
- ☐ School Personnel
- ☐ Employment
- ☐ Other (Please Specify): _____

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

Last Name	First Name	Middle Name (FULL)	Maiden/Birth Name /Alias

Social Security # Alien/USCIS - Number Date of Birth

Address:

Daytime Telephone Number Email Address

(Other Adult in Home) Last Name First Name Middle Name (FULL) Date of Birth

Social Security #	Alien/ USCIS# Number	Date of Birth
- -		

Children In the home

Name	Any other name(s) used	Date of Birth	Social Security Number

Consent for Release of Information:

SIGNATURE (If Applicant is under age 18, must be signed by Applicant's parent/guardian & Applicant) **DATE**

SIGNATURE (Applicant's parent/guardian or other adult in the home) **DATE**

PART III: SIGNATURE AND CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC

(Signature Must be blue ink.)

Print Name Signature Date

STATE OF_____) COUNTY

O F_____)

This instrument was acknowledged before me on (date)_____by:

Printed Name of Individual

Notary Public

(Notary Stamp)

**If notarizing: Notary must verify requestor is employee of agency that requestor indicated above (e.g. through Employee Photo ID, business card, etc.)*

******* STOP*******

Review that all sections are complete. Please do not alter this form in any way. Altered forms will not be accepted.

(FOR DCFS CENTRAL OFFICE USE ONLY)

☐ **No Record Found**
☐ **Central Registry Record Found:**
☐ **ABUSE and/or** ☐ **NEGLECT was substantiated**
*Please be aware that the person(s) in this report may still have the right to appeal these substantiations. Refer to this website for further instructions: Instruction for Inquiry of Appeal Rights

CPS Record Found (to request additional information please contact):
☐ **Clark County Department of Family Services (702) 455-6683**
☐ **Washoe County Human Services Agency (775) 785-8600**
☐ **Division of Child and Family Services (775) 684-1930**

FPO Staff:

Print Name/Title Signature Date