Tennessee Department of Human Services

Transmittal Authorization

In an effort to communicate important information to licensed providers in an efficient and timely manner, the Tennessee Department of Human Services wishes to establish electronic communications with providers who have an active email account. This will allow us to communicate fingerprint background check results as well as other general notifications via email. Please select from the following options:

Name of Agency: _____

Child Care Program Evaluator: _____

County: _____

1. **Background Check Results: (Please check one box)**

   ☐ Send by Email – E-Mail Address: _____

   ☐ Send by Regular USPS Mail

2. **General Correspondence/Notifications from TDHS: (newsletter, licensure rule clarifications, changes in licensure requirements, new licensure forms, and transportation alerts)**

   (Please check one box)

   ☐ Send by Email – E-Mail Address: _____

   ☐ Send by Regular USPS Mail

I,_____ **Owner/Director of** _____**,**

hereby authorize the Tennessee Department of Human Services to transmit my correspondence as indicated above.

Signature: _____ Date: _____

Title: _____

Agency ID Number (FEIN) # (including extension/suffix)

☐ Multi-site Authorization Option – If you would like electronic communications for multi-site agencies to be sent to one address, please list the any additional Agency ID numbers and Extensions on the back of this form.

Please email the completed form to **both email addresses** listed below: **(*please put in the subject line of your email "Transmittal Authorization")**

CC-Criminal-Background-Inquiries.DHS@tn.gov; childcareservices.dhs@tn.gov

You will need to submit a new form if any of your contact information changes.

Additional Agency ID Numbers for Multi-site Authorization Option:

Agency ID Number (FEIN) # (including extension/suffix)

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