

Department of Children and Families
AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH
 DCF-3031
 12/15 (Rev.)



I, _____ do hereby authorize the Department of Children and Families to research									
<i>Applicant Name</i>									
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):									
<input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other:									
Name of Agency:					Attention:				
Address: (No. and Street):			Apartment #	City:			State:		Zip:
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.									
Last Name		First Name:		Middle:		DOB:		SS:	
Address: (No. and Street):			Apartment #:	City:		State:	Zip:	Years at current address?: Years Months	
Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)								<input type="checkbox"/> Check if reverse side used	
Address: (No. and Street):			Apartment #:	City:		State:	Zip:	Dates From: (Month/Year)	Dates To: (Month/Year)
Other Names I have Used – Including Maiden, Previous Marriages(s) (continue on reverse side of form if necessary)								<input type="checkbox"/> Check if reverse side used	
Last Name		First Name:		Middle:		DOB:		SS:	
Name of Spouses/Other Adults in the Home – Past and Present (continue on reverse side of form if necessary)								<input type="checkbox"/> Check if reverse side used	
Last Name		First Name:		Middle:		DOB:		Signature (if still in Home)	
Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home								<input type="checkbox"/> Check if reverse side used	
Last Name		First Name:		Middle:		DOB:		Gender:	
Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> 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									
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?: <input type="checkbox"/> Yes <input type="checkbox"/> No				Processors Initials:			