Connecticut Department of Children and Families

AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH

DCF-3031
8/19 (Rev.)

I, *(Applicant Name)*: _____
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):

☐ Employment ☐ Day Care ☑ Volunteer ☐ Intern ☐ Mentor
☐ Other:

(This area for DCF Use only)
Date Processed: _____
Central Registry: ☐ YES ☐ NO
Processor's Initials:

Name of Agency *(requesting background check)*:	Attention:		
Simsbury Board of Education	Cindi Freilinger		
Address: (No. and Street):	**City:**	**State:**	**Zip:**
933 Hopmeadow Street	Simsbury	CT	06070

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: *Month*	*Year*	Dates To: *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:
				☐ Female ☐ Male ☐ Unknown
				☐ Female ☐ Male ☐ Unknown
				☐ Female ☐ Male ☐ Unknown
				☐ Female ☐ Male ☐ 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 | *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.