Connecticut Department of Children and Families

AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH

DCF-3031 8/19 (Rev.)



Page 1 of 1

I, (Applicant Name):						(This area for DCF Use only)					
do hereby authorize the Department of Children and Families to research its records and if applicable						Date Processed:					
request out of state checks, to del responsible for child abuse and negle suitability solely for (check one):		egistry of persons			: NO						
Employment Day Care Volunteer Intern				☐ Mentor	l_						
Other:	Tolumos.		_		Proce	essor's Initia	ıls:				
Name of Agency (requesting background check):				Attention:							
Address: (No. and Street):			City:			State: Zip:					
									•		
I release the Department of Chil								use of th	is informa	tion.	
I su	bmit my following information		Departmen		and Fam	ilies in their s					
Applicant Last Name	Applicant First Name:	Middle:		DOB:			SS:				
Applicant Address: (No. and Street):	Apartment #:	City:		State:		Zip:	Years at current address?"				
Applicant Address. (No. and Street).	Apartinent π .	City.		State.		Σip.	Years Months				
List All Previous Applicant Address	(as) for the Last Five Vears				7 Chack	if an additii			carv and		
						Dates From: Dates To:					
Address: (No. and Street):	Apartment #:	Cit	y:	State	9:	Zip:	Month	Year	Month	Year	
Other Names I have Used – Include	ing Maiden Previous Marria	1 1es(s)] Checi	 k if an additi	ional sheet	is neces	sarv and	attached	
Last Name First Name:			Middle:		_		ional sheet is necessary and attached SS:				
Last Name.		iviluale.			DOB:		33.				
Name of Spouses/Other Adults in t			Check if an additional sheet is necessary and attached								
Last Name First Name:				Mi	ddle:		DOB:				
Names of ALL Child(ren) – Biological		It Children In	or Out of t	the Home	\Box Ch	neck if an add	litional shee	et is nece	ssarv and	l attached	
Last Name First Name:			Middle:		DC		Gender:				
							☐ Female ☐ Male ☐ Unknown				
		+									
							☐ Femal	le 🔲 N	Male	Unknown	
							☐ Femal	le 🗆 N	Male	Unknown	
							☐ Femal	le 🔲 N	Male 🔲	Unknown	
Do you have an active DCF investiga	tion at this time? Yes	No	Do you h	ave an active	appeal o	of a DCF inve	estigation at	this time?	? \(\text{Yes}	S No	
Applicant Signature:							Date:				
This authorization will expire 180 days after										pecify with	
"N/A" if not applicable. **DCF Conducts a How To Submit: Email: DCF.Ba			=							6106	
				· ·							
Please be advised that due to the la process. If, after 4 weeks	arge volume of forms received s, you do not receive the result	l, we are unai ts of any forn	ble to provi n(s) you sei	de contirmation nt in or if you i	on of rec have an	eipt or status y questions, j	s updates du please conta	ring the b act the BC	backgroun GC Unit.	a check	