

Department of Children and Families
AUTHORIZATION FOR LOCAL POLICE RECORDS SEARCH

DCF-2125
6/17 (Rev.)



DATE: _____

TO: Enter the Name and Address of Local Police Department:

FROM DCF Worker: _____

DCF Office Address: _____

DCF Worker Phone # _____

I hereby authorize the Police Department to release information about police calls to my address or police activity concerning me to the Department of Children and Families.

LAST Name		FIRST Name:	Middle:
BIRTH Name:		AKA:	
DOB:	Place of Birth	Social Security Number:	
Race		Ethnicity	
Signature:			Date:

Please Return to: (If different from above)	
	ATTN: