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 det responsible for child abuse and negle suitability solely for (check one):		of persons			: NO						
Employment Day Ca	, г	☐ Mentor									
Other:	☐ Intern	' L	_ INICITIO	Proce	essor's Initia	ıls:					
Name of Agency (requesting background check):				Attention:							
Address: (No. and Street):				City: State:			Zip:				
Address. (No. and Sirecty.			ony.			State.	Σιρ.				
Lyalaga the Danaytmant of Chil	dran and Camillas from any lis	hiliby for any	domonana		alah masu	racult frame	h a ralagga /	of the	la Informa	tlan	
I release the Department of Chile	oren and Families from any ila bmit my following information t							use of th	iis intorma	tion.	
Applicant Last Name	Applicant First Name:	Middle:				IIIC3 III (IICII .	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 addition			sarv and		
		Check if an additional sheet is necessary, and attached									
Address: (No. and Street):	Apartment #:	Cit	y:	State	9:	Zip:	Month Year		Month Year		
Other Names I have Used – Includi	ing Maiden, Previous Marriag	ges(s)			Checi	k if an additi	ional sheet	is neces	sary and	attached	
Last Name First Name:		Middle:			DOB:			SS:			
Name of Spouses/Other Adults in the Home – Past and Present				L	Check if an additional sheet is necessary and attached						
Last Name First Name:			Mid				DOB:				
Names of ALL Child(rep) Piological	Stanchildran Including Adu	ult Children In	or Out of t	the Home		ock if an add	ditional char	at is nose	ecary and	Lattachad	
Names of ALL Child(ren) – <i>Biological, Stepchildren, Including Adult Children Ir</i> Last Name First Name:				Middle: DOB:				dditional sheet is necessary and attached Gender:			
Last Name.		Wilddie.			DOD.						
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							☐ Fema	le 🔲 N	Male	Unknown	
							_				
							☐ Fema	le 🔲 N	Male	Unknown	
							☐ Fema	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?	?	S No	
Applicant Signature:							Date:				
This authorization will expire 180 days after "N/A" if not applicable. **DCF Conducts a										pecify with	
How To Submit: Email: DCF.Ba	ıckgroundCheck@ct.gov Fax	r: 860-560-70	071 <i>Mail:</i>	DCF-Backgro	ound Ch	eck Unit, 505	Hudson St	reet, Hart	ford, CT 0	6106	
Please be advised that due to the la	arge volume of forms received	l we are una	hle to provi	ide confirmatio	on of rec	eint or status	s undatos di	ırina tha l	hackaroun	d check	
process. If, after 4 weeks	s, you do not receive the result	ts of any form	n(s) you sei	nt in or if you	have an	y questions, i	olease conta	act the Bo	GC Unit.	u check	