



DCF-3031  
12/12 (Revised)

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): ☒ Employment ☐ Day Care ☐ Volunteer ☐ Intern ☐ Mentor ☐ Other

State: CT Zip Code: 06804

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 Dept. of Children and Families in their search.

PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES

Name:	<div><div>Last,FirstMiddle</div></div>			Date of Birth:	<div></div>	
Address:	<div><div>Street (No P.O. Boxes)Apartment No.</div></div>			Social Security #:	<div></div>	
	<div><div>CityStateZip Code</div></div>			How Long at Current Address:	Yrs.	Mos.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND PRINTED 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 – 5<sup>th</sup> 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: YES NO Processor's Initials: \_\_\_\_\_