

Authorization for Release of Information for DCF CPS Search



DCF-3031 12/12 (Revised)

Address/City / State / Address: P.O. Box City: Brookfie I release the Department of Children and Families from submit my following information to assist the Dept. of C	Employment Tyrdik In any liability for any of children and Families TYPE OR PRINT L State Traction of Education of Edu	Day Care ion damages I may in their search. EGIBLY / LE	incur which ma AVE NO BLAN Middle Apartment No Zip Code if necessary)	State y result from NK SPACE Date Soc How Cur	. CT n the release /	Other Zip Code: use of this inform Yrs.	Mos. Prise side use tes To (Month/Yr.)	
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THIS AUTHORIZATION WILL EXPIRE 180 DAYS <u>CLEARLY</u> WILL BE RETURNED. <u>DC</u>							PRINTED	
****DCF Conducts a Search of the CT Registry O							cant to DCF	
Mail to: DCF Careline Background Sea		dson Street	– 5 th Floor –	Hartford	I, CT 06106	or FAX: 860-	560-7071	
								

DATE:	Central Registry:	YES	NO	Processor's Initials: