



DCF-3031
12/12 (Revised)



Authorization for Release of Information for DCF CPS Search

I, _____ do hereby authorize the Department of Children and Families to research

(Type Applicant Name)

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

By: Agency Name /
Address/City / State /
Zip Code

Attention: Lorraine Tvrdik
Agency: Brookfield Board of Education
Address: P.O. Box 5194
City: Brookfield

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: _____ Date of Birth: _____
Last, First Middle
Address: _____ Social Security #: _____
Street (No P.O. Boxes) Apartment No.
How Long at Current Address: _____ Yrs. Mos.
City State Zip Code

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)						<input type="checkbox"/> Check if reverse side used	
Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates		
					From (Month/Yr.)	To (Month/Yr.)	

Other Names I have Used – Including Maiden, Previous Marriages(s)			<input type="checkbox"/> Check if reverse side used	
Last	First	Middle		

Name of Spouses/Other Adults in the Home – Past and Present					<input type="checkbox"/> Check if reverse side used	
Last	First	Middle	D.O.B. Month/Day/Year	Signature/Date (If Still in the Home)		

Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home					<input type="checkbox"/> Check if reverse side used	
Last	First	Middle	Gender	D.O.B. (Month/Day/Year)		

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 – 5th 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: _____