



State of Maryland-Child Protective Services Program

CONSENT FOR RELEASE OF INFORMATION

CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

*****PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT*****

Part I: PURPOSE OF SEARCH

A. RELEASE TO SELF:

- 1. To determine if I have been found responsible for an "indicated" or "unsubstantiated" disposition for a child abuse or neglect investigation.
2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- Adoption, Foster Care, Kinship Care, International Adoption, School Personnel, Institutional Employee, CASA, Custody Evaluation, Day Care Center, Family Day Care, Community Mgmt. Entity, Group Home/Residential Treatment Facility, Youth Camp Personnel Administrator, Youth Camp Worker/Volunteer, Other (Specify):

Agency/Individual Name, Name of Agency Representative, Agency Address, Representative's Phone Number, Representative's Email

Part II: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME, FIRST NAME, MIDDLE NAME (Full), MAIDEN/BIRTH NAME, SOCIAL SECURITY NUMBER, DATE OF BIRTH, SEX, RACE, OTHER NAMES USED

NUMBER, STREET NAME, UNIT TYPE/#, CITY, STATE, ZIP CODE, DAYTIME TELEPHONE NUMBER, EMAIL ADDRESS

CURRENT SPOUSE, LAST NAME, FIRST NAME, MIDDLE NAME (Full), DATE OF BIRTH

FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you), LAST NAME, FIRST NAME, MIDDLE NAME (Full), DATE OF BIRTH

Have you lived in Maryland in the past? Yes No Have you worked or volunteered in Maryland in the past? Yes No

PRIOR ADDRESSES <i>(List all within the past 7 years in Maryland.)</i>					
NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE

Part III: AUTHORIZATION

Pursuant to Code of Maryland Regulations § 07.02.07, pertaining to the confidentiality of Child Protective Services investigations and reports, I hereby authorize the Maryland Department of Human Resources (DHR) to notify *(agency or individual as listed in Part I)* as to whether a local department of social services has identified me as responsible for “indicated” child abuse or neglect in any record maintained by the Maryland Department of Human Resources, any local department of social services, and Child Protective Services.

*******STOP*****REVIEW THAT ALL SECTIONS ARE COMPLETE*******
*******PRINT THIS FORM BEFORE PROCEEDING TO PART IV*******

PART IV: SIGNATURE *(If Applicant is under age 16, must be signed by Applicant’s parent/guardian)*

DATE

<i>(Print name of signature above)</i>	

PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC

City/County of: _____ State of: _____

Acknowledged before me this _____ day of _____, 20 ____.

 NOTARY PUBLIC

My commission expires: _____.



State of Maryland - Child Protective Services Program

CONSENT FOR RELEASE OF INFORMATION/BACKGROUND CLEARANCE SUMMARY REQUEST

Part I: SEARCH INFORMATION (To be completed by the local department of social services)

Form with fields for APPLICANT'S LAST NAME, FIRST NAME, MIDDLE NAME, SOCIAL SECURITY NUMBER, and DATE OF BIRTH.

Table with 4 columns: INVESTIGATION #, INVESTIGATION COMPLETED DATE, FINDING, COUNTY. Contains three empty rows.

Part II: AUTHORIZATION (To be completed by the applicant)

Pursuant to Maryland Code of Regulations §07.02.07, pertaining to the confidentiality of Child Protective Services investigations and reports, I hereby authorize the Maryland Department of Human Resources (DHR) to release a summary of the "indicated" or "unsubstantiated"* finding to:

*Unsubstantiated findings may be released to the Office of Child Care in connection with an application to provide child care or work in a child care facility or to an individual requesting release of information to him or herself.

Form with fields for Agency/Individual Name, Name of Agency Representative, Agency Address, and Representative's Phone Number.

Form with fields for PART III: SIGNATURE and DATE.

PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC

City/County of: PRINCE GEORGE'S COUNTY State of: MARYLAND

Acknowledged before me this _____ day of _____, 20 ____.

NOTARY PUBLIC

My commission expires: _____.