



WATERFORD COUNTRY SCHOOL

residential and community programs supporting children and families

William Martin, Executive Director

Robert B. Anderson, Jr., Chairman, Board of Trustees

Authorization for Local Background Check

For the release of information from the Local Police to be forwarded to Waterford Country School, to determine suitability for licensure or re-licensure for foster and/or adoptive care for children.

Full Legal Name: _____

Any Other Names by Which I Have Been Known: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____

The specific purpose of this authorization is to provide information and/or records for the Waterford Country School (hereinafter "WCS") and the Department of Children and Families (hereinafter "DCF") to consider in determining suitability for licensure or relicensure for foster and/or adoptive care for children. I, the undersigned, do hereby authorize the release and disclosure of the information and/or records described below, whether public, private or confidential, to any authorized agent of the Department of Public Safety (hereinafter "DPS") and/or any other designated law enforcement agency. I also hereby authorize the local police/DPS to release and disclose said information and/or records to WCS/DCF. I understand that all information and/or records obtained as a result of this authorization will be provided to WCS/DCF, where the information/records will be held as part of my foster care/adoptive family record. I also understand that, should this investigation identify issues which require further investigation, I will be asked to sign another authorization prior to further investigation being conducted. I understand that without my signed authorization, WCS/DCF will not proceed with my application for licensure or relicensure.

Description of the Information and/or Records I Authorize for Release and Disclosure:

Any and all information and/or records concerning me (including, but not limited to law enforcement records, emergency service provider records, investigative records, court records, motor vehicle records and/or military records) and/or opinions concerning me, or any part thereof, including, but not limited to the following: medical and/or mental health information and/or records, including but not limited to diagnosis and/or treatment information and/or records; information and/or records in which I am referenced as a victim, complainant and/or witness (including information and/or records concerning incidents for which a complaint/call was made and/or responded to, but no arrest was made); criminal information and/or records concerning me; and/or arrest information and/or records concerning me.

This Authorization shall remain in effect for a period of two (2) years from the date of execution.

Signature: _____ Date: _____
Print Name: _____

Witness: _____ Date: _____
Print Name: _____