



AUTHORIZATION FOR RELEASE OF INFORMATION FOR FOSTER CARE OR ADOPTION APPLICATION OR LICENSE SEARCH

9/08

I _____ do hereby authorize the Department of Children and Families to research their records for any and all information concerning applications for licensure or approval to become foster¹ or adoptive parents and/or license or approval information pertaining to DCF or another Child Placing Agency in which I / my family have been named, and to release it to the agency listed below.

I understand that this information will be used solely to determine my suitability for:
Foster Care or Adoption

by: _____
(Agency name / address / city / state / zip)

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.

Name: _____ Date of Birth: _____ SSN#: _____
First Middle Last

Address: _____ Street/# _____ Town/City _____ Zip Code _____

How Long Resided at this Address: _____ yrs _____ mos

DATE: _____ APPLICANT SIGNATURE: _____

¹ Foster care is defined as having a license or approval to provide care for a child in the custody or guardianship of DCF. This includes relative foster care and Special Study foster care licenses/applications.