

NEW YORK STATE  
 OFFICE OF CHILDREN AND FAMILY SERVICES  
**AUTHORIZATION FOR RELEASE OF INFORMATION ON HISTORY OF CHILD  
 ABUSE AND NEGLECT IN NEW YORK STATE**  
*ONLY FOR USE BY PROSPECTIVE CHILD CARE PROVIDERS  
 CURRENTLY LIVING OUTSIDE OF NEW YORK STATE OR  
 HAS LIVED IN NEW YORK STATE IN THE PAST FIVE YEARS*

I, \_\_\_\_\_, hereby authorize the release to the following  
 agency or his/her designee ND DHHS, Criminal Background Check Unit  
 (Agency)

of 600 E. Boulevard Avenue, Dept 325, Bismarck ND 58505-0250  
 (Mailing address for agency)

701-328-7575 dhscfscbc@nd.gov  
 (Agency phone number and email address)

by the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) of ***all information*** contained within the SCR regarding ***indicated***<sup>1</sup> reports in which I am a subject of the report, to the extent permitted by section 422(4)(A) of the Social Services Law, in relation to my request to be approved as a prospective child care provider.

The following is information about me, my children and other persons residing in my current household, as well as my previous New York State addresses. This information is necessary to enable the SCR to conduct a thorough search of its records. I understand that the listing of these persons will not result in the release of information regarding any reports involving them in which I was not a subject of the report.

Please note that everyone who is subject to this background/history search must complete a separate form. Use additional pages as necessary. Applicants must provide their current address and any New York State address where they have resided.

<sup>1</sup> An indicated report is a report of child abuse and maltreatment supported by at least some credible evidence at the conclusion of an investigation.

**I. Prospective Child Care Provider (Applicant)**

LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy) / /
MAIDEN NAME/ALIAS				
CURRENT STREET ADDRESS:	CITY	STATE	ZIP	FROM / TO / / / /
PREVIOUS ADDRESS	CITY	STATE	ZIP	FROM / TO / / / /
PREVIOUS ADDRESS	CITY	STATE	ZIP	FROM / TO / / / /
PREVIOUS ADDRESS	CITY	STATE	ZIP	FROM / TO / / / /
PREVIOUS ADDRESS	CITY	STATE	ZIP	FROM / TO / / / /
PREVIOUS ADDRESS	CITY	STATE	ZIP	FROM / TO / / / /

**II. Applicant's Spouse, Children and Other Household Members**

LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy) / /
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy) / /
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy) / /
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy) / /
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy) / /
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy) / /
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy) / /
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy) / /

X

SIGNATURE OF APPLICANT

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally came \_\_\_\_\_ to me known and known as the same person described in and who executed the within statement, and he/she duly acknowledged to me that he/she executed the same.

Notary