

Authorization for the Release of Personal History Information

Program Name: _____

Program Number: _____

By signing below, I authorize the release of confidential records or information regarding any **criminal record, child protection record, Out of Home Investigation record, and/or motor vehicle record** to the Department of Health and Human Services, Children’s Licensing and Investigation Services. I understand that any information obtained as a result of this release of information will remain confidential, as required by law, and will be used solely for the purpose of determining whether a license to operate a child care should be granted or renewed. This consent may be revoked by me, in writing, at any time, excepting information that has already been obtained.

I understand that each adult member (18 years and older) of my household (for Family Child Care only), and Child Care Staff Member(s), must complete the lower portion of this form upon request, and that failure to do so is a violation of the child care licensing rules and may result in licensing action.

Prior to transporting children, a Bureau of Motor Vehicle check, must be completed, submitted and approved by the Department for any individual(s) who will be transporting.

Program Owner Name:
Street Address:
City, State & Zip:
Telephone #:
Date of Birth:
Former/Maiden Name(s):
Driver’s License #:
Will be transporting children: No Yes
Signature: _____

Program Director Name:
Street Address:
City, State & Zip:
Telephone #:
Date of Birth:
Former/Maiden Name(s):
Driver’s License #:
Will be transporting children: No Yes
Signature: _____

Adult Household Members, Staff, and Volunteers:

By signing below, Adult Household Members, Staff and Volunteers authorize the Department of Health and Human Services, Children’s Licensing and Investigation Services to obtain and disclose confidential records or information regarding that person’s criminal record, substantiated Child Protection Services record, substantiated and indicated Out of Home Investigation record, and/or motor vehicle record to the provider named above.

Full Name:
Street Address:
City, State & Zip:
Telephone #:
Date of Birth:
Former/Maiden Name(s):
Driver’s License #:
Will be transporting children: No Yes
Signature: _____

Full Name:
Street Address:
City, State & Zip:
Telephone #:
Date of Birth:
Former/Maiden Name(s):
Driver’s License #:
Will be transporting children: No Yes
Signature: _____

Full Name:
Street Address:
City, State & Zip:
Telephone #:
Date of Birth:
Former/Maiden Name(s):
Driver’s License #:
Will be transporting children: No Yes
Signature: _____

Full Name:
Street Address:
City, State & Zip:
Telephone #:
Date of Birth:
Former/Maiden Name(s):
Driver’s License #:
Will be transporting children: No Yes
Signature: _____