

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 SEARC	CH								
A. RELEASE TO SELF:									
1. To determine if I have been	found responsible for	an "indicate	d" or "unsubstantiat	ed" disposition	for a child abuse	or neglect			
investigation.									
2. To determine if I have any r	emaining appeal rights	S.							
B. RELEASE TO AN AGENCY/INDIN	/IDIIAI RELATED TO:								
	School Personnel		are Center	Dyouth Camp	Parcannal Administ	rator			
	re Center								
	Institutional Employee CASA		unity Mgmt. Entity	Other (Speci					
	Custody Evaluation		Home/Residential Tre		119)				
	custody Evaluation	Шагоар	Trome, Residential Tres	atment racinty					
Agency/Individual Name			Name of Agency F	Representative					
Agency Address (To include stree	et # and name, unit typ	e and #, city	, state and zip code)		Representative's	Phone Number			
						X			
Representative's Email									
Part II: SEARCH INFORMATION	(To he completed in f u	II hy individu	al whose name is he	oina searched)					
Taren. Stancifini Oniviation	(10 be completed in ju	n by marvida	ar wriose name is be	my scurencuj					
APPLICANT'S LAST NAME	FIRST NAME		MIDDLE NAME (Full)	MAIDEN/BIRTH N	AME			
SOCIAL SECURITY NUMBER	DATE OF BIRTH		SEX	SEX		RACE			
			☐ Male ☐ Female						
OTHER NAMES USED	•		•		•				
NUMBER STREET NAME	LIMIT T	YPE/# CITY		STA [*]	TE ZIP CODE	COUNTRY			
NOWIDER STREET NAIVIE	ONITI	TPE/# CITT		JIA	TE ZIP CODE	COUNTRY			
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS						
DATIME TELEFITIONS NOTICE									
			I						
CURRENT SPOUSE LAST NAME FIRST NAME		MIDDLE NAME (Full)		DATE OF BIRTH					
LAST NAIVIE	FIRST IVAIVIE		WIIDDLE NAME (Full))	DATE OF BIRTH				
FULL NAMES OF ALL CHILDREN (To inc	clude adult children and c	hildren not re	siding with you)						
LAST NAME	MIDDLE NAME (Full) DATE OF BIRTH								
	FIRST NAME		,	,					
If more than 3 children, attach additional paper if necessary.									
Have you lived in Maryland in the past? Yes No Have you worked or volunteered in Maryland in the past? Yes No									

If yes to either question, from what years:

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE
VOIVIBLIX	STREET IVAIVIE	CITT	STATE	ZII CODE	DATE
Part III:	AUTHORIZATION				
^o ursuar	nt to Code of Maryland Reg	gulations § 07.02.07, p	ertaining to the con	identiality of Ch	nild Protective Servi
nvestig	gations and reports, I hereb	y authorize the Maryla	and Department of I	luman Resource	es (DHR) to notify
		(agency or individual	as listed in Part I) as to	whether a loca	I department of soc
services	s has identified me as respo	onsible for "indicated"	child abuse or negle	ect in any record	d maintained by the
Marylaı	nd Department of Human R	Resources, any local de	partment of social s	ervices, and Ch	ild Protective Servic
	**** STOP ****	*REVIEW THAT A	LL SECTIONS AF	F COMPLET	C *****
	*****STOP****				
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	*****PRINT TH	IIS FORM BEFORE	PROCEEDING	O PART IV*	***
(Print n	*****PRINT TH	nder age 16, must be signed by	PROCEEDING To Applicant's parent/guardio	n) DA	**** ATE
(Print n	*****PRINT TH 7: SIGNATURE (If Applicant is un ame of signature above) 4: CERTIFICATE OF ACKNOW	IIS FORM BEFORE Inder age 16, must be signed by VLEDGEMENT OF INDI	VIDUAL BEFORE A	DA	**** ATE
(Print n	*****PRINT TH /: SIGNATURE (If Applicant is un ame of signature above)	IIS FORM BEFORE Inder age 16, must be signed by VLEDGEMENT OF INDI	VIDUAL BEFORE A	n) DA	**** ATE
(Print no	*****PRINT TH J: SIGNATURE (If Applicant is un ame of signature above) : CERTIFICATE OF ACKNOW	VLEDGEMENT OF INDI	VIDUAL BEFORE A N	DA	**** ATE
PART V	*****PRINT TH 7: SIGNATURE (If Applicant is un ame of signature above) 4: CERTIFICATE OF ACKNOW	VLEDGEMENT OF INDI	VIDUAL BEFORE A N	DA	**** ATE
(Print no	*****PRINT TH J: SIGNATURE (If Applicant is un ame of signature above) : CERTIFICATE OF ACKNOW	VLEDGEMENT OF INDI	VIDUAL BEFORE A N	DA	**** ATE
(Print no	*****PRINT TH J: SIGNATURE (If Applicant is un ame of signature above) : CERTIFICATE OF ACKNOW	VLEDGEMENT OF INDI	VIDUAL BEFORE A N	DA	**** ATE
PART V	*****PRINT TH J: SIGNATURE (If Applicant is un ame of signature above) : CERTIFICATE OF ACKNOW unty of: ledged before me this	VLEDGEMENT OF INDI	VIDUAL BEFORE A N	DA	**** ATE
PART V	*****PRINT TH J: SIGNATURE (If Applicant is un ame of signature above) : CERTIFICATE OF ACKNOW	VLEDGEMENT OF INDI	VIDUAL BEFORE A N	DA	**** ATE

PART VI: BACKGROUND CLEARANCE FINDINGS (for Local Department or DHR use only)

Applicant's Name:	MD CHESSIE ID#:			
1. Active investigation				
2. Sent to DHR or Local Department of Social Services:	Name:			
	Date:			
3. We have determined that is listed in	the state's database as being			
responsible for an $\ \square$ Indicated / $\ \square$ Unsubstantiated disposition of $\ \square$ Abuse / $\ \square$ Neglect in reference to an				
investigation conducted in by	Child Protective Service			
Investigation #: (Unsubstantiated findings may only b	e released to the MSDE Office of Child Care.)			
4. Holding for appeal				
5. Notification sent to Applicant on				
6. As of this date,the individual whose name was being searched system.	s is NOT identified in the state's			