

# AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ DOB \_\_\_\_\_,  
currently residing at the following address

\_\_\_\_\_, hereby  
authorize the New York State Central Register of Child Abuse and Maltreatment to furnish all information  
which may be contained within the New York State Central Register of Child Abuse and Maltreatment to:

\_\_\_\_\_ affiliated with  
\_\_\_\_\_ (agency)  
\_\_\_\_\_ (address),

on my behalf in accordance with the Child Protective Services Act of 1973.

The names and birth dates of the children belonging to the individual listed on the first line of this form as well as previous addresses of this individual are necessary to conduct a thorough and accurate search of the State Central Register database. Please furnish this information below.

**Names and birth dates of children:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous addresses starting with most recent:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came  
\_\_\_\_\_ (individual) to me known and known to be 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 Public**

## Child Abuse Registry

The NY Statewide Central Registry indicates any reports of child abuse or maltreatment of children. Each person should submit the Authorization for Release of Information form and request for the results to be mailed to Safe Families for Children NYC.

Please make sure to write legibly because results will be lost or background checks will be submitted for the wrong person if they can't read it clearly.

To fill out the form:

1. Put your name, date of birth, and current address. I, (your name), DOB (your date of birth), currently residing at the following address (your current address).
2. Send the form to: "Laura Galt" affiliated with "Safe Families for Children Alliance" (agency), and "P.O. Box 380439, Brooklyn, NY 11238" (address).
3. Fill in any of your children and their birth dates.
4. Add every address you have lived in NY State since you were 18 years old, starting with the most recent.
- 5. The form must be notarized, so wait to sign it in front of a notary!!**

Mail the form to:

New York State

OFFICE OF CHILDREN AND FAMILY SERVICES

P.O. BOX 4480

Albany, NY 12204-0480

It will take approximately one month for us to receive your results.