

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:

_____ (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

NY Statewide Central Registry

This Registry indicates any reports of child abuse or maltreatment of children in NY. 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.

INSTRUCTIONS TO FILL OUT FORM:

I, _____ **YOUR NAME** _____ DOB **YOUR DATE OF BIRTH** _____,
currently residing at the following address
_____ **YOUR CURRENT 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:
_____ **LAURA GALT** _____ affiliated with
_____ **SAFE FAMILIES FOR CHILDREN ALLIANCE** _____ (agency)
_____ **P.O. BOX 380439 BROOKLYN NY 11238** _____ (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:

FILL IN ANY OF YOUR CHILDREN AND THEIR BIRTH DATES (IF APPLICABLE)

Previous addresses starting with most recent:

ADD EVERY ADDRESS YOU HAVE LIVED IN NY STATE SINCE YOU WERE 18 YEARS OLD, STARTING WITH THE MOST RECENT (NOT INCLUDING YOUR CURRENT ADDRESS)

STOP! DO NOT SIGN OR FILL OUT THE NOTARY SECTION! MUST BE SIGNED IN FRONT OF A NOTARY AND THE NOTARY WILL FILL OUT THE BOTTOM SECTION.

Once notarized, 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.