



## NY Statewide Central Registry

As part of our prospective volunteer background check process, Safe Families for Children NYC conducts a New York Statewide Central Registry (“SCR”) check. The NY Statewide Central Registry indicates any reports of child abuse or maltreatment of children. Our volunteers serve children and families, and the SCR check helps us ensure that we provide safe volunteers for parents and children. The results are provided by the NYS Office of Children and Family Services. Each prospective volunteer should submit the Authorization for Release of Information Form and request for the results to be mailed directly to Safe Families for Children NYC.

You may complete this form using the fillable pdf and print it out to sign in front of a notary. Or you can print out the form and write in your information manually. Please make sure to write legibly because results will be lost or background checks will be submitted for the wrong person if they cannot read it clearly.

*To complete the form:*

1. Put your name, date of birth, and current address.
2. Fill in any of your children and their birth dates.
3. Add every address you have lived in NY State since you were 18 years old, starting with the most recent.
4. Do **NOT** sign the form. The form must be notarized, so wait to sign it in front of a notary.
5. Do **NOT** complete the portion of the form after your signature.
6. Get the form notarized.\*
7. Mail the form to (we recommend you sending us a scanned copy first):

New York State  
Office of Children and Family Services  
P.O. Box 4480  
Albany, NY 12204-0480

\*Note: Alternatively, if you plan to attend one of our Info Sessions you can print and sign the form and one of our staff members can notarize and mail it.

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

# 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  
Emily Cowan

\_\_\_\_\_ (agency)  
Safe Families for Children

\_\_\_\_\_ (address),  
P.O. BOX 380439 BROOKLYN NY 11238

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:

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## Previous addresses starting with most recent:

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\_\_\_\_\_  
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