

FINGERPRINT RESULTS - RELEASE OF INFORMATION

Please complete the following and return it to the Kansas Department of Children and Families Background Checks Division.
All signatures are required in order to process this release.

License # _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip code: _____

Please list any children under the age of 18:

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

I/We, _____, authorize DCF Background Checks Division to

Disclose information to: Request information from: Exchange information with:

Agency: _____

Address: _____ City: _____ State: _____ Zip code: _____

Email _____

I/We, _____, also authorize _____ to release records pertaining to our foster care license for the purpose[s] stated below. (check all that apply):

Foster Parent(s) address and phone number Date Temporary Permit and/or full license was issued

Compliance history, including complaint and enforcement action history

Finger print results Other

This authorization shall remain in effect until _____ or one year from the date below.

By signing below, I/We am/are releasing DCF Backgrounds Check Division from any liability for information furnished pursuant to this authorization. Photo static copies of the authorization will be considered as valid as the original.

Please send the requested information to DCF.FPTopeka@ks.gov or mail to the P.O. Box listed above.

Printed Name

Signature

Date

Printed Name

Signature

Date