

Authorization To Release Information Form

I hereby give my permission to the Kansas Department for Children and Families to release the information I have provided in the gray shaded box below to the following person(s) for whom I have requested a search:

_____	_____
Their name, (if known or as last known)	Their relationship to you
_____	_____
Their name, (if known or as last known)	Their relationship to you
_____	_____
Their name, (if known or as last known)	Their relationship to you

The information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located.

Your current name: _____

Your telephone number: _____

Your address: _____

Your email address: _____

Information I would like to share with the individual who has requested my information:

You must return: (1) this form completed, and (2) proper proof of identification (Photocopy of birth certificate, current driver's license or Government issued ID, verification from DCF/CWCMP staff, etc.) to DCF.KSADPSearch@ks.gov or Prevention and Protection Services (PPS) 555 S. Kansas Ave., 4th floor, Topeka, KS 66603.

I, _____ (Name), declare under penalty of perjury and pursuant to KSA 53-601 that the foregoing is true and correct. Executed on _____ (Date).

Signature of Person Authorizing Release of Identifying Information