

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
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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

