

FCL 655.1
09/25

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care Licensing
500 SW Van Buren Street 2nd Floor Topeka, Kansas 66603
Website: <http://www.dcf.ks.gov>



**FCL AUTHORIZATION FOR RELEASE OF INFORMATION
For Name-based and Fingerprint Criminal History Results**

Please complete the following and return to the Kansas Department of Children and Families Foster Care Licensing at DCF.FCL@ks.gov. All signatures are required to process this release. A parental signature is required for individuals under 18.

Sponsoring Agency: _____

Name: _____
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

Maiden and/or Any Names Formerly Used (First/Middle/Last): _____

Date of Birth: _____ **SSN:** _____

I authorize DCF Foster Care Licensing Division to release criminal history and name-based history records to _____. **I authorize Foster Care Licensing Division to Disclose Information to:**

Child Placement Agency Name: _____

Authorized Representative Name: _____

Rep's Email: _____ **Rep's Phone:** _____

This authorization shall remain in effect until _____ or one year from the date below. By signing below, I/We am/are releasing DCF Foster Care Licensing 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. All signatures are required in order to process this release.

Print Name _____ Date _____

Signature: _____

Parent/Guardian Signature: _____