FCL 000
09/26

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care Licensing
500 SW Van Buren
Topeka, Kansas 66603
Email: DCF.FCL@ks.gov

AUTHORIZATION FOR RELEASE OF COMPLIANCE HISTORY

Section I. Identifying Information

Currently Licensed Name: License Number:

Current Address:

Previously Licensed Name: License Number:

Previous Address:

Section II. Authorization for Release

By signing this authorization form, you are giving the Department for Children and Families Foster Care Licensing Division (DCF FCL) permission to release all or part of your case record. I authorize DCF FCL to release my case record to the following person or agency for the purpose(s) stated in Part II.1 below. My/our information will remain available to the person or agency indicated until the expiration date stated in Part II.2.

Section II.1 I/We authorize the release of information to the agency/person identified below.

Person: Email:

Agency:

Check all that apply:

- ☐ Compliance History including investigations and enforcement actions
- ☐ License and Temporary Permit Dates
- ☐ Sponsoring Child Placing Agency History

Section II.2 Purpose(s) of Release

Check all that apply: ☐ Transfer of sponsorship ☐ Apply for license ☐ Other

Notice to licensee(s)

Once you authorize DCF FCL to release your information, DCF FCL is not responsible for any redisclosure of the information by the recipient. You can withdraw permission you have given DCF FCL to use or disclose your information, unless DCF FCL has already acted on your permission. You must withdraw your permission in writing. This release is valid for one year from signature date.

Signature of licensee Date

Signature of licensee Date