

FCL 000
03/21

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care Licensing
PO Box 1424 Topeka, Kansas 66601-1424
500 SW Van Buren Street 2nd Floor Topeka, Kansas 66603
Website: <http://www.dcf.ks.gov>



AUTHORIZATION FOR RELEASE OF COMPLIANCE HISTORY

Section 1

Licensed Facility Name:

License Number:

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.

Section 11- To be completed by Licensee(s)

I authorized DCF FCL to release my case record to the following person or agency for the purpose(s) stated in Part A below. My information will remain available to the person or agency indicated until the expiration date stated in Part B.

Part A- Release of information: Release my information to the following person/agency:

Person:

Title:

Email:

Address:

Agency:

Address:

Check one or more of the following:

Compliance History including complaint investigations and enforcement actions

Facility Name, Address Phone Number

Temporary Permit and License Issuance Dates

Sponsoring Child Placement Agency History

Fingerprint Results

Part B: Purpose(s) of Release:

Transfer of Sponsorship

Other:

This authorization expires on:

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Part C: Signature(s) of licensee(s) or authorized representative

Signature of Licensee or authorized representative

Signature of licensee or authorized representative

Section 111

Notice to licensee

- *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 taken action on your permission. You must withdraw your permission in writing.*

Section IV: Information Released

Compliance History including complaint investigations and enforcement actions

Facility Name, Address Phone Number

Temporary Permit and License Issuance Dates

Sponsoring Child Placement Agency History

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Date of Release:

Section V: Processed by:

DCF FCL Employee Name:

DCF FCL Employee Title:

Signature of DCF Employee