

**AUTHORIZATION FOR INFORMATION**

I, \_\_\_\_\_, currently residing at \_\_\_\_\_

\_\_\_\_\_, hereby authorize the New York State Central Register of Child Abuse and Maltreatment to furnish all information which may be contained within the New York State Central Register of Child Abuse and Maltreatment to

\_\_\_\_\_ affiliated with

\_\_\_\_\_ (agency), on my behalf in accordance with the Child Protective Services Act of 1973.

The names and birth dates of the children belonging to the individual listed on the first line of this form as well as previous addresses of this individual are necessary to conduct a thorough and accurate search of the State Central Register database. Please furnish this information below.

Names and birth dates of children:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Previous addresses starting with most recent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

On this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, before me personally came \_\_\_\_\_ (individual) to me known and known to be the same person described in and who executed the within statement, and he/she duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Public