



**AUTHORIZATION FOR RELEASE OF INFORMATION FORM
 for Child Care Centers and Preschools**

Child Care Center and Preschool personnel (applicant, licensee, director, regularly identified substitute, and staff including teachers, assistant teachers and all support staff) listed on a license application for initial, renewal, and/or amendment licensure shall be screened against the Child Abuse/Neglect Register and the Nebraska Adult Protective Services Central Registry by the Department BEFORE issuing a license. *New candidates being considered for employment in a Child Care Center and/or Preschool must be screened against the same Register/Registry BEFORE being hired.*

Employee applicant: Date of Interview _____ Volunteer applicant: Planned Start Date _____

Facility Name: _____	
Address (site/mail): _____	Area Code/Phone#: _____
City/State/Zip: _____	Fax Number: _____

The Department needs your permission to check the Nebraska Child Abuse/Neglect Register and the Nebraska Adult Protective Services Central Registry to confirm that your name does not appear.

I authorize Nebraska Department of Health and Human Services to release information from the Child Abuse/Neglect Register **AND** the Nebraska Adult Protective Services Central Registry pertaining to me to the above named facility. The Department may state if my name appears or does not appear on the registers and may use information obtained for licensing determinations.

The submission of Social Security Numbers is voluntary; however, they are requested for the purpose of expediting the process of conducting the required background checks. Social Security Numbers will not be released without the individual's consent except as required by law. This authorization is valid as long as the person is a director, teacher, assistant teacher, support staff, household member, substitute, volunteer and/or helper for the child care facility and address named above, unless this authorization is revoked in writing.

Note: All persons under the age of nineteen years of age are minors; therefore, Releases completed by those individuals between the ages of 13 to 19 years of age must also be signed by the Parent and/or Guardian of said minor. *(In case any person under the age of nineteen years of age is married, he/she is no longer a "minor" and the signature of the parent and/or guardian is not required.)*

▲ Applicant Current Name (First, Middle, Last, Suffix (Jr/Sr/II/III)) _____	▲ Social Security Number _____
▲ Other Names (Marriages/Maiden/Alias/Nicknames. If none write NONE) _____	▲ Date of Birth _____
▲ Applicant Signature and Date of signature _____	▲ Parent/Guardian signature and Date (when applicable) _____

▼ ADDRESS HISTORY: Provide 20 years of history. Begin with current address, include Street, City, State, and Date moved to and away from each address (mm/yy – mm/yy).	▼ CHILDREN: Full Names and Date of Birth of own children. If you have no children, write NONE.																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">DATES</th> <th style="width: 55%;">STREET ADDRESSES</th> <th style="width: 30%;">CITY & STATE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	DATES	STREET ADDRESSES	CITY & STATE																																		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">FULL NAME</th> <th style="width: 30%;">DATE OF BIRTH</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	FULL NAME	DATE OF BIRTH								
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