



**Griswold Public Schools
Educating for Excellence**

Griswold Public Schools Emergency Response Codes Receipt Acknowledgement

As a volunteer in the Griswold Public Schools, I have received a copy of the Emergency Response Codes and understand my responsibility in assisting students during the Emergency Response Code events.

Date: _____

Printed Name: _____

Signature: _____



Authorization for Release of Information for DCF CPS Search

DCF-3031
12/15 (Revised)

I, _____ do hereby authorize the Department of Children and Families to research

(Type Applicant Name)

its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability solely for (check one): Employment Day Care Volunteer Intern Mentor Other

By: Agency Name / Address/City / State / Zip Code

Attention: Agency: Address: City: State: Zip Code:

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES

Name: _____ Date of Birth: _____
 Last, First Middle

Address: _____ Social Security #: _____
 Street (No P.O. Boxes) Apartment No.

How Long at Current Address: _____ Yrs. Mos.
 City State Zip Code

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)						<input type="checkbox"/> Check if reverse side used	
Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates		
					From (Month/Yr.)	To (Month/Yr.)	

Other Names I have Used – Including Maiden, Previous Marriages(s)			<input type="checkbox"/> Check if reverse side used
Last	First	Middle	

Name of Spouses/Other Adults in the Home – Past and Present					<input type="checkbox"/> Check if reverse side used
Last	First	Middle	D.O.B. Month/Day/Year	Signature/Date (If Still in the Home)	

Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home						<input type="checkbox"/> Check if reverse side used
Last	First	Middle	Gender	D.O.B. (Month/Day/Year)		

Do you have an active DCF investigation at this time? Yes No

Do you have an active appeal of a DCF investigation at this time? Yes No

Date: _____ Applicant Signature: _____

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT **COMPLETELY** AND PRINTED **CLEARLY** WILL BE RETURNED. **DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE.**

****DCF Conducts a Search of the CT Registry ONLY*** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

Mail to: DCF Careline Background Searches – 505 Hudson Street – 5th Floor – Hartford, CT 06106 or FAX: 860-560-7071

DCF-CT Careline CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE

DATE: _____ Central Registry: YES ___ NO ___ Processor's Initials: _____