



CONSENT TO RELEASE INFORMATION FOR LICENSED CENTER, LICENSED HOMES, UNLICENSED REGISTERED MINISTRIES, AND CCDF LLEPs

State Form 53323 (R9 / 9-18)
OFFICE OF EARLY CHILDHOOD AND OUT OF SCHOOL LEARNING

The information in this document is governed by privacy protection standards under IC 4-1-6.

In accordance with IC 12-17.2-4-3, IC 12-17.2-5-3, IC 12-17.2-3.5-12, and IC 12-17.2-6-14, each staff member and/or volunteer shall complete a section of this form in order to have his or her background information checked.

You must return this completed form to your consultant. If information is missing or illegible, the form will be returned.

Name of facility / licensee / LLEP / applicant		County	
Address of facility (number and street)	City	State	ZIP code
Mailing address of facility (number and street)	City	State	ZIP code
E-mail address of facility			
License / registration number / LLEP number	License / registration / certification expiration date (mm/dd/yy)	Name of consultant	

By signing below, I hereby consent to a release of information from Child Protective Services and the Criminal Justice System to the Indiana Child Care Licensing Section, Office of Early Childhood and Out of School Learning, and to the licensee / applicant. The information may contain any prior criminal history, arrest record, or child protective service history and is sought to ensure the safety of children in child care settings. I also verify that all information given here is correct.

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Legal Name (please print) First	Middle	Last	Maiden or other name
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Type
 Applicant Staff Volunteer Contractor Practicum Student Household member (should be over eighteen (18) years old)

Do you have a Social Security number? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, number.)	Date of birth (mm/dd/yy)	Sex	Race
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Telephone number () () ()	Cellular number () () ()	E-mail address
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Mailing address (number and street)	City	State	ZIP code
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List all other addresses you have lived at in the last five (5) years. (Please use reverse side if more room is needed.)

Number and street	City	State	ZIP code	Beginning Date (mm/yy)	Ending Date (mm/yy)

I certify that while employed by a child care provider in the State of Indiana or while seeking employment from a child care provider in the State of Indiana, I have received a qualifying background check from Office of Early Childhood and Out of School Learning (OECOSL) within the past three (3) years. I also certify that I am employed by a child care provider in the State of Indiana or have been separated from employment with a child care provider in the State of Indiana for a period of not more than 180 consecutive days.

Signature	Date signed (mm/dd/yy)
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Anyone under the age of eighteen (18) must have the signature of the parent / legal guardian.

Signature	Date signed (mm/dd/yy)
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FOR OFFICE USE ONLY

OECOSL STAFF ONLY		Is this a Pre-K Provider that takes CCDF? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NCH <input type="checkbox"/> RF <input type="checkbox"/> NII <input type="checkbox"/> REJ <input type="checkbox"/> EXP <input type="checkbox"/> NRF <input type="checkbox"/> PEND <input type="checkbox"/> FBI NS		SOR <input type="checkbox"/> RF <input type="checkbox"/> VERIFY <input type="checkbox"/> NRF	
Date checked (mm/dd/yy) Staff initials		Date checked (mm/dd/yy) Staff initials	
Inkless date (mm/dd/yy)		Assessment number (s)	
<input type="checkbox"/> Q <input type="checkbox"/> PREV. Q <input type="checkbox"/> DQ <input type="checkbox"/> PREV. DQ		<input type="checkbox"/> Q <input type="checkbox"/> PREV. Q <input type="checkbox"/> DQ <input type="checkbox"/> PREV. DQ	
Staff initials	Date (mm/dd/yy)	Staff initials	Date (mm/dd/yy)
DQ reason		DQ reason	
Staff initials that logged in:		Staff initials that logged out:	