



CHILD CARE: CONSENT FOR RELEASE OF INFORMATION

State Form 53253 (5-07) / BCC 0410

The information in this document is confidential.

In accordance with IC 12-17.2-5-2(d), each staff (any age) and adult member of the household shall complete a section of this form in order to have their background information checked.

Child care home license number	Date initiated (month, day, year)
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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, Bureau of Child Care 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.

LICENSEE / APPLICANT			
Name (please print)		Maiden or other name	
Address (number and street, city, state, and ZIP code)			
Social Security Number	Date of birth (month, day, year)	Sex	Race
Signature		Date (month, day, year)	
FOR OFFICE USE ONLY			
Criminal history check <input type="checkbox"/> record found <input type="checkbox"/> record not found	Date (month, day, year)	Sex Offender Registry <input type="checkbox"/> record found <input type="checkbox"/> record not found	Date (month, day, year)
Client Central Index <input type="checkbox"/> record found <input type="checkbox"/> record not found	Date (month, day, year)	Local criminal history check <input type="checkbox"/> record found <input type="checkbox"/> record not found	Date (month, day, year)

LICENSEE / STAFF / VOLUNTEER / HOUSEHOLD MEMBER OVER 18			
Name (please print)		Maiden or other name	
Address (number and street, city, state, and ZIP code)			
Social Security Number	Date of birth (month, day, year)	Sex	Race
Signature		Date (month, day, year)	
FOR OFFICE USE ONLY			
Criminal history check <input type="checkbox"/> record found <input type="checkbox"/> record not found	Date (month, day, year)	Sex Offender Registry <input type="checkbox"/> record found <input type="checkbox"/> record not found	Date (month, day, year)
Client Central Index <input type="checkbox"/> record found <input type="checkbox"/> record not found	Date (month, day, year)	Local criminal history check <input type="checkbox"/> record found <input type="checkbox"/> record not found	Date (month, day, year)

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Signature of person verifying	Signature of person verifying
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