



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

State Form 53323 (R11 / 9-22)  
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 employee, volunteer, or household member who may be present on the premises of the child care facility during operating hours shall complete a section of this form in order to have their background information checked.

Name of facility / licensee / LLEP / applicant / State Background Check Unit / Coordinating Agency		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 / State Background Check Unit / Coordinating Agency			
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 Department of Child Services ("DCS") / Child Protective Services ("CPS") and the Criminal Justice System to the Indiana Family and Social Services Administration, Division of Family Resources ("Division"). I understand that the licensee / applicant / State Background Check Agency / Coordinating Agency will be provided with information about whether or not a person is qualified or unqualified but will not be provided any specific information from the background checks done by the Division. The information may contain any prior criminal history, arrest record, or DCS/CPS history and is sought to ensure the safety of children in child care settings.

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation ("FBI"). You can 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Applicant/Licensee	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	You are not required to answer race, ethnicity, or sex questions. Any answers provided will be used for reporting purposes only and will not affect your qualification. Race: <input type="checkbox"/> American Indian – Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black – African American <input type="checkbox"/> Hispanic Ethnicity and of any race <input type="checkbox"/> Multiracial (two or more races) <input type="checkbox"/> Native Hawaiian - Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer Latina Ethnicity: <input type="checkbox"/> Latino <input type="checkbox"/> Not Latino Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer
(If Yes, number) Date of birth (mm/dd/yy)	
Telephone Number ( ) Cellular Number ( )	
E-mail address:	

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.

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

Please only sign this section if it applies to you

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 the Division within the past three (3) years. I certify that I am currently 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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I certify that all of the information given in this document is correct. I understand that this consent form is valid for one (1) year from the date I sign the form and that I will need to submit a new consent form at the expiration of the one (1) year period. Anyone under the age of eighteen (18) must have the signature of a parent/legal guardian.

Signature	Date signed (mm/dd/yy)
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Relationship to applicant if under 18