



CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE PACKET

CONSENT FOR RELEASE OF INFORMATION

*****PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT *****

Part I: PURPOSE OF SEARCH

A. RELEASE TO SELF:

- ☐ 1. To determine if I have been found responsible for an "indicated" or "unsubstantiated" disposition for a child abuse or neglect investigation.
- ☐ 2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> School Personnel | <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Youth Camp Personnel Administrator |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Institutional Employee | <input type="checkbox"/> Family Day Care | <input type="checkbox"/> Youth Camp Worker/Volunteer |
| <input type="checkbox"/> Kinship Care | <input type="checkbox"/> CASA | <input type="checkbox"/> Community Mgmt. Entity | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> International Adoption | <input type="checkbox"/> Custody Evaluation | <input type="checkbox"/> Group Home/Residential Treatment Facility | |

Agency/Individual Name

Name of Agency Representative

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Agency Address *(To include street # and name, unit type and #, city, state, and zip code)*

Representative's Phone Number

	-	-	X
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Representative's Email

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Part II: SEARCH INFORMATION *(To be completed in full by individual whose name is being searched)*

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE NAME (Full)	MAIDEN/BIRTH NAME

SOCIAL SECURITY NUMBER	A - Number	DATE OF BIRTH	GENDER	RACE
- -			Select	

OTHER NAMES USED

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NUMBER	STREET NAME	UNIT TYPE/#	CITY	STATE	ZIP CODE	COUNTRY

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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CURRENT SPOUSE

LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH

FULL NAMES OF ALL CHILDREN *(To include adult children and children not residing with you)*

LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH



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If more than 3 children, attach additional paper if necessary.

Have you lived in Maryland in the past? ☐ Yes ☐ No

Have you worked or volunteered in Maryland in the past? ☐ Yes ☐ No

If yes to either question, from what years? (ex. 2015 - 2023): _____

PRIOR ADDRESSES (List all within the past 7 years in Maryland.)					
NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE

Part III: AUTHORIZATION

Pursuant to Code of Maryland Regulations § 07.02.07, pertaining to the confidentiality of Child Protective Services investigations and reports, I hereby authorize the Maryland Department of Human Services (DHS) to notify _____ (agency or individual as listed in Part I) as to whether a local department of social services has identified me as responsible for "indicated" child abuse or neglect in any record maintained by the Maryland Department of Human Services, any local department of social services, and Child Protective Services.

*******STOP*******

REVIEW THAT ALL SECTIONS ARE COMPLETE. PLEASE DO NOT ALTER THIS FORM IN ANY WAY. ALTERED FORMS WILL NOT BE ACCEPTED. PRINT THIS FORM BEFORE PROCEEDING TO PART IV.

PART IV: SIGNATURE (If Applicant is under age 16, must be signed by Applicant's parent/guardian and Applicant)

DATE

(Print name of signature above, must be legible)	

PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC

(Signature Must be blue ink)

City/County of: _____ State of: _____

Acknowledged before me this _____ day of _____, 20____

NOTARY PUBLIC SIGNATURE

My commission expires: