



## RELEASE OF INFORMATION

I, \_\_\_\_\_, agree to this release of information and give permission to the Department Of Human Services and SMART Child and Family Services to release/obtain the following information which may be on file with any employer, county or state office:

- References from any previous foster care agencies with which I have been involved
- Any criminal history information
- Department of Motor Vehicle records
- Department of Human Services New Hire Report
- Department of Human Services Foster Care Home Study information and materials related to foster home licensing and performance as a foster parent in writing or verbally to SMART Child and Family Services from the Department of Human Services.
- IntelliCorp for National Sex Offenders Registry, National Criminal Records, Social Security Verification, Maine Criminal Search and Maine Sex Offender

This exchange of information is for the purpose of determining acceptance in the SMART Child and Family Services foster care program either as a foster parent, employee or respite worker. I understand that this information is privileged and will not be used against my best interests.

AUTHORIZATION: I certify that this request is being made freely, voluntarily and without coercion. I understand that I may revoke this authorization at any time within one year from the date below unless a foster child is placed in my home for foster care services through SMART Child and Family Services, and except to the extent that action has already been taken to comply with it. Should a child be placed in my home by SMART Child and Family Services for foster care services within one year from the date below, authorization will continue until I no longer am contracted with SMART Child and Family Services. Re-disclosure of my records by those receiving the above-authorized information may not be accomplished without any further written consent. Without my express written revocation, this consent will automatically expire when materials have been received and I am no longer affiliated with SMART Child and Family Services.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

PRINT FULL NAME: \_\_\_\_\_

OTHER NAMES USED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY No: \_\_\_\_\_



**SMART**

CHILD AND FAMILY SERVICES

**RELEASE OF INFORMATION**

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_