



**CONSENT FOR RELEASE OF INFORMATION**

**BACKGROUND CLEARANCE: AUTHORIZATION TO DISCLOSE SUMMARY OF HISTORY**

This consent authorizes the Agency or Individual to receive a brief summary report regarding any findings of the applicant’s Child Protective Services (CPS) history.

**Part I: SEARCH INFORMATION** *(To be completed by the Applicant)*

Last Name	
First Name	
Middle Name	
Date of Birth	

**Part II: AUTHORIZATION** *(To be completed by the applicant)*

Pursuant to Maryland Code of Regulations [07.02.07.21](#) pertaining to the confidentiality of Child Protective Services investigations and reports, I hereby authorize the Maryland Department of Human Services (DHS) to **release a summary of history found** to the following Agency/Individual listed below.

Agency/Individual Name <i>(Please print legibly)</i>	Name of Agency Representative

Agency Address	Representative’s Phone Number		
Street Address	City	State	Zip Code

**PART III: SIGNATURE** *(If Applicant is under age 16, must be signed by Applicant’s parent/guardian)*

**DATE**


*(Print name of signature above)*

Please return the completed Consent for Release of Information to the Local Department of Social Services’ contact for CPS Background Clearances. Thank you.