

# APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

To:

I, \_\_\_\_\_, RESIDING AT \_\_\_\_\_

\_\_\_\_\_, HEREBY AUTHORIZE YOU TO RELEASE TO THE

**Alba Care Services Inc. Foster Family Agency**  
(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER)

SPECIFIC

INFORMATION REQUESTED BY THIS AGENCY WHICH I CANNOT PROVIDE CONCERNING History of prior referrals from Department of Children Family Services and Community Care Licensing and any current and past employers or any agent, legitimate representative thereof, of any information as to my association and employment. This authorization is also extended to any designated individual who I have asked to submit a reference letter of my behalf. I hereby release employers or persons from all liability in responding to inquiries in connection with my application to certification of foster care. I also authorize for court record searches.

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE Reference checks prior to certification.

THIS FORM WAS COMPLETED IN ITS ENTIRETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIGNING.

SIGNATURE OF APPLICANT		DATE
BIRTHPLACE	BIRTHDATE	MAIDEN NAME OF MOTHER
SIGNATURE OR NAME OF SPOUSE		DATE
BIRTHPLACE OF SPOUSE	BIRTHDATE OF SPOUSE	MAIDEN NAME OF SPOUSE'S MOTHER