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

State Form 53323 (R13 / 3-24)
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 ("DFR") and Office of Early Childhood and Out of School Learning ("OECOSL"). I understand that any provider /Coordinating Agency that I am associated within the OECOSL (I-LEAD/In-Kids) will be provided with and have access to my background check qualification status but will not be provided any specific information from the background checks done by the Division.

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

Type ☐ Applicant/Licensee ☐ Staff ☐ Volunteer ☐ Contractor ☐ Practicum Student ☐ Household member *(should be over eighteen (18) years old)*

Do you have a Social Security Number? ☐ Yes ☐ No

(If Yes, number) Date of birth *(mm/dd/yy)*

Telephone number ( ) Cellular number ( )

E-mail address:

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: ☐ American Indian – Alaskan Native ☐Asian ☐ Black – African American ☐ Hispanic Ethnicity and of any race ☐ Multiracial (two or more races) ☐ Native Hawaiian - Pacific Islander ☐ Unknown ☐ White ☐ Prefer not to answer

Latina Ethnicity:☐ Latino☐ Not Latino Sex:☐Male ☐Female ☐Prefer not to answer

Mailing address *(number and street)*	City	State	ZIP code

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)*

I certify that all of the information given in this document is correct. I understand that this consent form is valid for three (3) years from the date I sign the form and that I will need to submit a new consent form at anytime I complete a fingerprint appointment. Anyone under the age of eighteen (18) must have the signature of a parent/legal guardian.

Signature	Date signed *(mm/dd/yy)*

Relationship to applicant if under 18