



STATE OF RHODE ISLAND
 Department of Children, Youth and Families
 101 Friendship Street
 Providence, RI 02903
DCYF Clearance Request/Results (Facility)

Facility:

\$10 check included with request

INFORMATION RELEASE

I hereby authorize the Department of Children, Youth and Families to release to _____ information obtained as a result of their check of the Department's Indicated Child Abuse/Neglect records. I understand that this records check is required by R.I.G.L. 40-13.2-3.1 and that information obtained as a result of this check may be used by the Department or the facility in determining my suitability for employment in a Child Care facility. This authorization will expire upon receipt by the facility of the Clearance Check Results or 30 days after the date of this authorization appearing below.

Any information released and /or received as a result of this consent shall not be further relayed in any way to any person or organization outside of the Department without additional consent except as provided by statute.

There is a ten dollar (\$10) fee for this clearance. Department clearance requests sent without payment will not be completed. Make check payable to: General Treasurer, State of Rhode Island.

Signature of Applicant	Date of Birth	Date of Authorization	
Last Name	First Name	Middle	Maiden
Address _____			
# & Street	City/Town	State	Zip Code

BACKGROUND CHECK RESULTS

RICHIST: No Prior Contact

Case ID or

Person ID: _____

Case Name: _____

States: Active

Closed

Investigation #	Level	Status
Report Names	Involvement	Allegations