

Connecticut Department of Children and Families
 AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)
 DCF-3031 7/2022 (Rev.)



I, (Applicant Name):
 do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for (check one):
 Employment Day Care Volunteer Intern Mentor Other:

I release the Department of Children and Families from any liabilities for any damages I may incur because of the release/use of information.

Name of Agency (requesting background check): Norwich Public Schools	Attention: Rena Russell		
Address: (No. and Street): 90 Town Street	City: Norwich	State: CT	Zip: 06360

I submit my following information to assist the Department of Children and Families in their search.

Applicant Last Name	Applicant First Name:	Middle:	DOB:		
Applicant Address: (No. and Street): Apartment #:		City:	State:	Zip:	Start date at current address (dd/mm/yyyy)

List All Previous Applicant Address(es) for the Last Five Years Check if an additional sheet is necessary, and attached

Address: (No. and Street): Apartment #:	City:	State:	Zip:	Dates From: (dd/mm/yyyy)	Dates To: (dd/mm/yyyy)

Other Names I have Used – Including Maiden, Previous Marriages(s) Check if an additional sheet is necessary and attached

Last Name	First Name:	Middle Name:

Names of ALL Child(ren) –Biological, Stepchildren, Including Adult Children In or Out of the Home Check if an additional sheet is necessary and attached

Last Name	First Name:	Middle:	DOB:	Gender:
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

This authorization will expire 180 days after the date of the signature.

Applicant Signature:	Date:
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Submit at <https://portal.dcf.ct.gov/Portal/Main/#dashboard>. To enroll your agency in the portal, please contact bgc.verification@ct.gov
 DO NOT SUBMIT THIS FORM... SUBMISSIONS ARE DONE BY NPS
 For questions or support, please contact the Background Check Unit at bgc.verification@ct.gov