

**RELEASE OF INFORMATION  
CHILD PROTECTIVE SERVICES CHECK**

**Section A**

**Please Print Legibly**

Name:

\_\_\_\_\_

First	Middle	Maiden	Last
-------	--------	--------	------

Aliases/Other Names Used:

\_\_\_\_\_

Current Address:

\_\_\_\_\_

Sex:  Male  Female

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number:

\_\_\_\_\_

Please list below where you have resided since age 18.

City	County	State	Dates of Residency (From – To)

I hereby authorize **Sixth Judicial District CASA-GAL Program, Inc.** to conduct a Child Protective Services Check.

\_\_\_\_\_  
Signature

**Notary Public** for the State \_\_\_\_\_  
Residing at \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_

By \_\_\_\_\_

My Commission Expires: \_\_\_\_\_