



The following form must be completed, signed and returned to CCHS.

Do **NOT** return to DCFS.

Please print, complete and mail to:

Carmel Catholic High School  
Attn: Human Resources  
One Carmel Parkway  
Mundelein, IL 60060

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)

**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender (circle): Male Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #

\_\_\_\_\_ City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

**OR**

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

| (Street/Apt#/City/County/State/Zip Code) | Dates From/To |
|--|---------------|
| _____                                    | _____         |
| _____                                    | _____         |
| _____                                    | _____         |
| _____                                    | _____         |
| _____                                    | _____         |

List maiden name and/or all other names by which you have been known: (last, first, middle)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

**Mail this request to:**  
Department of Children and Family Services  
406 E. Monroe – Station # 30  
Springfield, IL 62701

\_\_\_\_\_  
Signed Date

Please type, use bold letters or label:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Agency Name)  
(Contact Person)  
(Address)  
(City/State/Zip)  
(Submitting Agency Fax Number) \_\_\_\_\_

