



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

Facility: \_\_\_\_\_

**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 thirty (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.

\_\_\_\_\_  
 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

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