

**RELEASE OF INFORMATION
CHILD PROTECTIVE SERVICES CHECK**

Section A

Please Print Legibly

Name:

First	Middle	Maiden	Last
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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: _____