



AUTHORITY TO RELEASE INFORMATION

I hereby authorize a representative of the Amador/Calaveras CASA Program to conduct an investigation into my background in conjunction with their official duties. I further authorize any law enforcement agency to conduct a criminal records and motor vehicles check and to release the results of said records check to Amador/Calaveras Program.

The sources of information and their purpose will include:

- 1. Live Scan fingerprint - for the purpose of identifying any criminal records or record of child abuse
- 2. DMV driver report - for the purpose of identifying driving behavior which may put children at risk
- 3. Social Security Number - for the purpose of eliminating the possibility of identity theft
- 4. Registered Sex Offender Database (Megan’s Law) - for the purpose of identifying any registered sex offenders.
- 5. County CPS record check - for the purpose of identifying any record of contact by Child Protective Services (Contact with CPS is not an automatic disqualification for CASA service)

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use of Amador/Calaveras CASA Program, will be held in confidence, and retained in locked files.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

SIGNATURE

DATE

Full Name: Please Print

Gender: Male Female Other

Previous Names: (aka, maiden, etc.)

Current Address: _____

Previous Address(es) for the past five years: _____

Social Security Number

Date of Birth

Driver License Number

Expiration Date