

Department of Children and Families One on One Mentoring Program

Department of Children and Families One on One Mentoring Program Authorization for Release of DCF, DMV, DPS Information

Pursuant to Connecticut General Statutes Sec. 17a-28, I hereby give the **Connecticut Department of Children and Families** permission to search their records, as well as **Department of Motor Vehicles** and **Department of Public Safety** records, and release any and all information concerning charges, findings, dispositions, etc. relating to child abuse or neglect, as well as vehicular and criminal law matters, in which I have been named, to:

(Use the "TAB" key to move to the next field - Do not use the "Enter" key)

Please Print Clearly in Ink or Type

Local Agency Name : True Colors, Inc.			
Agency Address : 576 Farmington Ave	City: Hartford	State: CT	Zip Code: 06105

I release the Connecticut Department of Children and Families from any liability for any damages I may incur which may result from the release or use of this information.

I submit the following information to assist the Connecticut Department of Children and Families in their search.

Please Print Clearly In Ink or Type

Your Last Name:	First Name:	Middle Name:
Address:	Driver's License Number:	Date of Birth:
	Gender:	Social Security #:

Previous Addresses: (List all addresses for the past 5 years – please use an extra sheet if necessary)

Address:	State:
City:	Zip Code:

Address:	State:
City:	Zip Code:

Aliases (also known as) and/or Maiden Name:

Last Name	First Name	Middle Name

Signature: _____ **Date** _____