AUTHORIZATION FOR BACKGROUND CHECK/MILITARY/RESERVATION

ND DEPARTMENT OF HUMAN SERVICES
EARLY CHILDHOOD SERVICES PROGRAM
SFN 373 (Rev. 11-2008)

Clear Fields

I. IDENTIFYING INFORMATION

Full Legal Name:		Social Security Number:
		Birthdate:
Other Names, Nicknames, Alias:		
Home Address:		Telephone Number:
City:	State:	Zip Code:
Name of Facility:		

II. FORMER ADDRESSES (Resided at in past 10 years)

Address:	City:	County:	State, Province, Reservation	Dates residing at address:
Address:	City:	County:	State, Province, Reservation	Dates residing at address:
Address:		Foreign Country:		Date residing at address:
Address:		Foreign Country:		Date residing at address:

III. ASSURANCE

I CERTIFY THAT I HAVE NOT BEEN FOUND GUILTY OF A CRIME AGAINST CHILDREN OR BEEN CONVICTED OF A FELONY. IN THE EVENT THAT I AM FOUND GUILTY OF A CRIME AGAINST CHILDREN, BEEN CONVICTED OF A FELONY OR A CHILD ABUSE AND NEGLECT DECISION OF "SERVICES REQUIRED" HAS BEEN MADE, I WILL IMMEDIATELY NOTIFY MY EMPLOYER OR COUNTY SOCIAL SERVICE BOARD. ☐ YES ☐ NO

IV. AUTHORIZATION FOR RELEASE OF INFORMATION

A. I give the North Dakota Department of Human Services and the County Social Service office or Tribal Social Service Office permission to check for my name in departmental child abuse or neglect files and the North Dakota Child Abuse and Neglect Information Index for a period not to exceed one year.

B. I further consent that any information found in the child abuse and neglect records can be shared with Early Childhood Services staff as well as the operator of the Early Childhood Facility.

C. I authorize the state or county or tribal agency that maintains records concerning child abuse or neglect in the following states or tribes: _____ (list states or tribes where you have lived in the past ten years) to release to the North Dakota Department of Human Services all information contained in those records related to the undersigned.

D. **AUTHORIZATION FOR RELEASE OF INFORMATION FROM A MILITARY INSTALLATION.**
I authorize, to the extent allowed by law, any military installation on which I have resided within the last ten years or which otherwise maintains records relating to me within the last ten years, to release all child abuse or neglect information within those records maintained about me to the North Dakota Department of Human Services as well as the operator of the Early Childhood Facility.

THIS IS A PUBLIC DOCUMENT AND MUST BE MADE AVAILABLE UPON REQUEST

V. CERTIFICATION SIGNATURE

I Hereby Certify That The Above Information is True To The Best of My Knowledge:	Signature:	Date:

Distribution: White - CSSB/Tribal CSSB **Canary** - HSC **Pink** - Provider