

**Authorization to Complete an Abuse and Neglect Check**

I, \_\_\_\_\_, parent/legal guardian of  
\_\_\_\_\_, authorize the Division of Child Care  
(DCC) to complete a Child Abuse and Neglect (CA/N) check on my child. I waive any right to  
claim the request is an invasion of privacy as it is made with my consent. I release DCC from  
any liability regarding the release of any abuse and neglect information gathered in this  
background check.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date