

The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Children and Families 600 Washington Street, 6th Floor Boston, MA 02111

www.mass.gov/dcf

MARYLOU SUDDERS Secretary

LINDA S. SPEARS Commissioner

KARYN E. POLITO Lieutenant Governor

Adam Walsh/ Child Protective Service (CPS) Background Record Request Form

Families (Department within the Common Record Information () Central registry to determine vealth of Massachusetts. The C	c organizations to request a se if the named individual below h CPS central registry check <u>does</u> stry Information (SORI). Public a	as any <u>substantiated</u> report <u>not</u> include unsubstantiate	of child abuse and/or neglect ed reports, Criminal Offender
	nild Abuse/Neglect. I authorize to e information below is correct to	the Department to provide such		rmation contained within its /organization named below. I
APPLICANT SIGNATURE		DATE		
	APPLICA	NT/EMPLOYEE INFORMATION	ON (PLEASE PRINT)	
Interlo	chen Arts Camp 4000	J Maddy Parkway, Inter	lochen MI 49643	
		AGENCY / ORGANIZATION NAM	E AND ADDRESS	
LAST NAME		FIRST NAME		MIDDLE NAME
MAIDEN NAME OR ALIAS (IF APPLICABLE)		DATE OF BIRTH	PLACE OF	F BIRTH
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER			MOTHER'S	MAIDEN NAME
	e notarized, excluding Law on the control of the co	enforcement Agencies /Sher ail, fax or mail requests.	riff Departments and Stat	e Child Welfare Agencies.
Scan/email to: Mail to:	·			
Fax to:				
Questions:	857-338-3030			
Official Use ONL				
Substantiate	d Report(s) has (have) been l	ocated in Massachusetts invo	lving the above named in	dividual.
Please contact			for furth	er information.
No Record ha	as been Found in this state in	volving the above named ind	ividual	
Title of Perso	n Completing Registry Check	Sign	ature	 Date