



**CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION**

Pursuant to Section 400.11109 (7) (f) of the Code of Michigan

I \_\_\_\_\_ (*print full applicant name*) do hereby authorize the release of personal information regarding me to the Interlochen Center for the Arts, in regards to any founded child abuse/neglect, in which I am identified as responsible for such abuse/neglect.

I release the local department from any liability for any damages I may incur which may result from the release/use of this information. I submit my following information to assist the department in their search.

I have provided proof of my identity to the Notary Public prior to signing this form in her /his presence.

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**Signature of the person whose name is being searched.** \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in the presence of a notary)

<b>CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL</b>	
<b>City/County of</b>	_____
<b>Commonwealth/State</b>	_____
<b>Acknowledged before me on this</b> _____ <b>day</b> _____, <b>20</b> _____	
<b>Notary Public Signature</b>	_____
<b>My Commission Expires</b>	_____

SEND REPLY TO:  
Interlochen Center for the Arts  
Human Resources – DHHS Processor  
PO BOX 199  
Interlochen, MI 49643  
Email: DHSForms@interlochen.org  
Fax: 231.276.7850  
Office: 231.276.7338

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**FAMILY FIRST PREVENTION SERVICES ACT OF 2018 (FAMILY FIRST ACT)**  
**OUT-OF-STATE CHILD ABUSE REGISTER LETTER**  
AUTHORIZED VOLUNTARY AGENCY

This letter is to inform you that the person named below, and in the attached Out of State Register Check Authorization Form is requesting and authorizing a background check for previous child abuse or neglect findings against them in your state. The New York State Office of Children and Family Services authorizes the direct release of all pertinent information your state may have relative to this individual's position or potential employment in accordance with federal requirements for the Family First Prevention Services Act.

I designee Interlochen Arts Camp, Cory Haight

(AUTHORIZED AGENCY NAME AND CONTACT PERSON)

at ICA, 4000 J. Maddy Parkway, Interlochen MI 49643

(MAILING ADDRESS FOR AGENCY)

231-276-7338, dhsforms@interlochen.org

(AGENCY PHONE NUMBER AND EMAIL ADDRESS)

Hereby request any information maintained by your state's child abuse and neglect register regarding an indicated or substantiated child protective services report related to the below individual.

PROSPECTIVE EMPLOYEE PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MI	SEX	DOB(mm/dd/yyyy) / /
MAIDEN NAME/ALIAS				
CURRENT ADDRESS			APT	FLOOR
CITY			STATE	ZIP
PHONE ( ) -		CELL PHONE ( ) -		

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED INDIVIDUAL