

YOUTH DYNAMICS, INC.

**RELEASE OF INFORMATION FOR CRIMINAL HISTORY, DRIVING RECORD AND
CHILD PROTECTIVE SERVICES CHECKS**

Name: _____ Date of Birth: _____

Address: _____ SS#: _____

City, State: _____

Driver's License: State of Issue _____ Number: _____ Expiration _____

Cities / Counties / States resided in last five years (*If Treatment Parent, please refer back to your 18th birthday - more room on back if needed*):

City	County	State	Dates
_____	_____	_____	From: _____ To: _____
_____	_____	_____	From: _____ To: _____
_____	_____	_____	From: _____ To: _____

Other Names Used (*maiden*): _____

I hereby authorize any child protection agency to release a Criminal Record, Driving Record or Child Protective Services Check regarding me to Youth Dynamics, Inc. I understand that any information both substantiated and unsubstantiated, obtained from these checks can be used by Youth Dynamics, Inc. to evaluate my application/continued employment.

Applicant Signature: _____ Date: _____

State of _____	County of _____	Residing at _____
Signed or attested before me on _____ by _____		
		_____ Signature of notary
My commission expires: _____	_____ Printed name of notary	

Person verifying CPS Check: _____ Date: _____

___ No allegations or reports to CPS that would concern employment in a youth services agency exist.

___ Allegations or reports that need to be considered before employment in a youth services agency are enclosed.

PLEASE RETURN THESE REPORTS IN THE ENCLOSED SELF-ADDRESSED STAMPED ENVELOPE.