

Authorization to Complete an Abuse and Neglect Check

I, _____, parent/legal guardian of _____,

Authorize the Records Management Section (RMS) to complete a Child Abuse and Neglect (CAN) 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 RMS from any liability regarding the release of any abuse and neglect information gathered in the background check.

Parent/Legal Guardian Signature

Date