

**RELEASE OF INFORMATION PROTECTIVE SERVICE BACKGROUND CHECKS**

**PLEASE TYPE OR PRINT LEGIBLY**

*Incomplete or illegible forms may be returned*

Legal Name \_\_\_\_\_  
(First Name) (Middle Name) (Maiden Name) (Last Name)

**Enter NMN if none**

Aliases/Other Names Used \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Sex:  Male  Female

Current Mailing Address: \_\_\_\_\_

Please check as many as apply. **The reason this information is being requested is that I am:**

- an applicant for employment  an employee  a prospective volunteer  a volunteer

**Authorization Statement and Signature**

I am aware that this release pertains to report(s) of child abuse or neglect in Montana that indicates **a risk to children**. Records that indicate a risk to children are those that show a substantiation of child abuse/neglect on the person; and/or a history that a child in the care of the person was adjudicated by a court as a youth in need of care; and/or a history that show that the person has had their caregiver rights to a child terminated. The information provided under this release may contain information that could adversely affect my employment or volunteer status.

I hereby authorize the Department of Public Services, Child and Family Services Division to release confidential information in connection with my status as a prospective or current employee or volunteer in accordance with 41-3-20593)(o) MCA to:

Commercial Investigations LLC 622 Loudon Road, Suite 201 Latham, NY 12110

Name of Agency Mailing Address  
Michelle Pyan 800-284-0906 212-937-3858

Name of Agency Contact Person: Telephone No: Fax No:

I am also aware that although the entities requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidentiality, DPHHS cannot assure that confidentiality will be maintained after this information is released by DPHHS. I hereby release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.

The Department of Public Health and Human Services (DPHHS) does not discriminate on the basis of race, color, religion, creed, political ideas, sex, age, marital status, physical or mental disability, or national origin. If you believe you have been subjected to discrimination contact the DPHHS Human Resources Division at (406) 444-3136 or the Montana Human Rights Bureau at 1-(800)-542-0807, or relay service at 711.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**(MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC)**

**TO BE COMPLETED BY NOTARY PUBLIC:**

Taken, sworn, and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of Montana Residing at

\_\_\_\_\_  
Printed name of Notary Public My Commission expires