



**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

**Bob McDermott
Roman Catholic Diocese of Portland
510 Ocean Avenue
Portland, ME 04103-4936**

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly) confidential information to the above agency regarding whether or not I have been
substantiated in a State of Maine Child Protective Services case.

I understand that:

- The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subjectP of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.
- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: _____ ALIASES (including maiden): _____

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT →
Updated 2020

RESULT BELOW (To be completed by DHHS):

As of _____, this person has no substantiated findings of Child Abuse or Neglect in the State of Maine.

DHHS, OCFS, Background Check Unit Staff