



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

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 subject 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 the Background Check Unit at (207)-624-7965.
- 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: \_\_\_\_\_

*One authorization release per person, completed (no blanks) by the individual who is the subject of the search. The individual must be at least 18 years of age. Original signatures are required, unless DocuSign (or other) documentation can be provided. This release authorizes the search and disclosure regarding whether or not the individual has been substantiated by Maine DHHS as an abuser of a child. The individual should be directed to read this release form carefully. 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 subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.*