**Full Name of Individual:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Maiden Name/Other Names Used:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security #:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Years at this address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Police Department that serves this address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List ALL addresses used and resided at for the past 10 years. ( *Use the back of form for additional addresses)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Address****Street, city, state, zip code** | **County** | **Police Dept. that serves this address** | **Dates Resided** **(month/year to month/year)** |
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I hereby authorize Diakon Adoption & Foster Care to obtain information from police municipalities and Children and Youth Services for the community in which I currently and previously resided. This authorization shall permit police municipalities and Children and Youth agencies for addresses listed above to release information regarding any documented police/case activity to Diakon Adoption & Foster Care.

I fully understand the nature of this authorization is to release and obtain information. I also understand that I may revoke this consent, in writing, at any time except to the extent that action has already been taken in reliance on this written consent. I understand that the information released/obtained will be used only for purposes related to my consideration for approval as a foster/adoptive parent with Diakon Adoption & Foster Care and that this information may affect a decision related to my approval.

The disclosed information shall be held in the strictest of confidence and be used only for the above stated purpose. This authorization will expire 90 days from the date of my signature, unless authorization is previously revoked.

[ ]  Diakon Adoption & Foster Care [ ]  Diakon Adoption & Foster Care [ ]  Diakon Adoption & Foster Care

 836 S. George St. York, PA 17403 960 Century Dr. Mechanicsburg, PA 17055 1 S. Home Ave.

 York, PA 17403 Mechanicsburg, PA 17055 Topton, PA 19562

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 Signature Date

**Additional address:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Address****Street, city, state, zip code** | **County** | **Police Dept. that serves this address** | **Dates Resided** **(month/year to month/year)** |
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