

CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

I, _____, hereby authorize the
Applicant's Name
Department of Public Welfare, ChildLine to release my Pennsylvania Child Abuse
History Clearance information directly to Saint Sylvester Parish.

I understand that this information is confidential in nature pursuant to
§6340 (relating to information in confidential reports) of the Child Protective
Services Law (CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released
by Saint Sylvester Parish without my express authorization or pursuant to
authorization by Title 55 of the Pennsylvania Code.

I understand that the aforementioned information will not be released
directly to me _____ as stated in the
Applicant's Name
Pennsylvania Child Abuse History Clearance application.

I understand that I will not receive a copy of my Pennsylvania Child Abuse
History Clearance directly from ChildLine; however, I may request a copy of my
Pennsylvania Child Abuse History Clearance from Saint Sylvester Parish
upon written request.

I have read this Consent/Release of Information Authorization form and
fully understand and agree to its content. I further understand and agree to all
information and ramifications of the Pennsylvania Child Abuse History Clearance
application as it otherwise relates to this consent.

Date

Applicant's Signature

Saint Sylvester Parish
3754 Brownsville Rd
Pittsburgh PA 15227