**I hereby give my permission to the Kansas Department for Children and Families to release the information I have provided in the gray shaded box below to the following person(s) for whom I have requested a search:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Their name, (if known or as last known) |  | Their relationship to you |
|  |  |  |
| Their name, (if known or as last known) |  | Their relationship to you |
|  |  |  |
| Their name, (if known or as last known) |  | Their relationship to you |

The information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located.

|  |  |  |  |
| --- | --- | --- | --- |
| **Your current name:** |  | **Your telephone number:** |  |
| **Your address:** |  | | |
| **Your email address:** |  | | |
| **Information I would like to share with the individual who has requested my information:** | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**You must return: (1)** **this form completed**, **and** **(2)** **proper proof of identification** **(Photocopy of birth certificate, current driver's license or Government issued ID, verification from DCF/CWCMP staff, etc.) to** [**DCF.KSADPSearch@ks.gov**](mailto:DCF.KSADPSearch@ks.gov) **or Prevention and Protection Services (PPS) 555 S. Kansas Ave., 4th floor, Topeka, KS 66603.**

I, (Name), declare under penalty of perjury and pursuant to KSA 53-601 that the foregoing is true and correct. Executed on (Date).

|  |  |
| --- | --- |
|  | Signature of Person Authorizing Release of Identifying Information |