

Complete this form and return to:  
 TFC Program Coordinator  
 Lutheran Child and Family Services of IN/KY  
 1525 N. Ritter Ave. Indianapolis, IN 46219  
 OR  
 Fax to 317-322-4085

## Lutheran Child and Family Services of IN/KY

### Consent to Release Criminal History Information for Applicant of Relative, Foster Family, or Adoptive Home License

I hereby consent to a release of information from law enforcement agencies, the criminal justice system including any juvenile court records, and child protection services to Lutheran Child & Family Services regarding any prior criminal history check, arrest record, or child protection service history. I understand that this is necessary to insure the safety of related, foster, or adoptive children placed in my home. A copy of this information will be given to the State and county Departments of Child Services.

I release Lutheran Child & Family Services of IN/KY from any liability in obtaining this information along with any agency that provides the information. The information obtained will be confidentially kept in a file maintained by an authorized representative of Lutheran Child & Family Services of IN/KY, Inc. This authorization is valid from \_\_\_\_\_ to \_\_\_\_\_.

Applicant A Signature:	
Printed or typed name:	
Date signed (month, day, year):	
Date of birth (month, day, year):	
Social Security number *	* The request for your Social Security number is <b>MANDATORY</b> according to IC 4-1-8-1, and this record cannot be processed without it.
Applicant B Signature:	
Printed or typed name:	
Date signed (month, day, year):	
Date of birth (month, day, year):	
Social Security number *	* The request for your Social Security number is <b>MANDATORY</b> according to IC 4-1-8-1, and this record cannot be processed without it.