



RELEASE OF INFORMATION

I, _____ Child Care applicant, hereby give the Palm Beach County Sheriff's Office and any other law enforcement agency permission to search their files and release any information found to the Child Care Facility listed below. I realize this search is a routine matter for all applicants, pursuant to the Rules and Regulations Governing Child care in Palm Beach County, Chapter 435, F.S. and Chapter 402, F.S.

Full Name of Child Care Facility _____

Facility Address _____

Facility OCA # _____

Phone # _____

Signature of Applicant

Date

TYPE OR WRITE LEGIBLY BOTTOM SECTION OF THIS FORM

Full Name _____
 First Middle (maiden) Last

Other names applicant has used (include maiden names and nicknames)

Race _____ Sex _____ Date of Birth _____

*Social Security No. _____ Date of Hire _____

Current Address _____

Please return this form to: _____ (facility name)

_____ (facility address)

*Chapter 435, F.S., requires background screening of owners, operators, and directors. Social security numbers are also used for identification purposes when performing background screening required by 402.305, F.S."