



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
ChildLine and Abuse Registry
P.O. BOX 8170
HARRISBURG, PENNSYLVANIA 17105-8170

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

I, (_____), hereby authorize the Department of Public Welfare,
Applicant's Name

ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to

(**The Salvation Army** _____). I understand that this information is
Name of Requesting Agency

confidential in nature pursuant to §6339 (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

(**The Salvation Army** _____) without my expressed authorization or pursuant to
Name of Requesting Agency

authorization by Title 55 of the Pennsylvania Code. I also understand that the aforementioned
information will not be released directly to me (_____) as stated on 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 (**The Salvation Army** _____)
Name of Requesting Agency

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. Further
I understand that if I am listed in the statewide central registry for child abuse that my consent allows the result
stating such information to be shared with the agency/organization noted on next page.

Please send my clearance result(s) to:

The Salvation Army
700 North Bell Avenue
Carnegie, PA 15106

Attn: Jennifer M. Brown

Date

Applicant's Signature

As the agency/organization representative, I understand that, except for the subject of a report, persons who receive this information are subject to the confidentiality provisions of the CPSL and 55 Pa. Code, Chapter 3490 and are required to ensure the confidentiality and security of the information and are liable for civil and criminal penalties for releasing information to persons who are not permitted access to this information. I agree to receive and maintain this information in accordance with these requirements.

Date

Agency Representative's Signature

NOTE: IF THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE FORM/APPLICATION (CY 113) IS NOT COMPLETED ACCURATELY OR IF IT IS INCOMPLETE, THE CY 113 WILL BE RETURNED TO THE APPLICANT AND NOT BACK TO A THIRD PARTY.