

Child Welfare Record Check Consent Form Employee Record Check



I, _____ Date of Birth: _____
(Present Full Name) (Month/Day/Year)

Past/Other Names (Birth Name, Married Names, Other Names)

of _____
(Current Address – Street, Apt./Suite No., City, Postal Code)

hereby consent to a search being conducted of the records of Children's Aid Societies in Ontario and the examination and disclosure of any information in the possession of or under the control of a Children's Aid Society in Ontario, regarding myself.

I understand that some Ontario Children's Aid Societies are using CPIN (Child Protection Information Network) as their documentation system. I understand that when an agency using CPIN searches for my record, it will find all records of my involvement with all Ontario Children's Aid Societies also using CPIN

Previous Places of residence:

I have lived in the following places since I reached the age of 18 years or became a parent, whichever first occurred (if more space is needed please use back of form):

City, Province, Country	Dates – (from – to)
_____	_____
_____	_____
_____	_____
_____	_____

When completing your request, it is possible that records could be located that match both your name and date of birth but could belong to individuals other than yourself. Finding these alternate records may cause delays in our ability to provide you with timely results in order to confirm your identity. You may choose to voluntarily provide additional information below in order to limit the possibility of locating alternative records.

My child/ren's name(s):

Child's Name: _____ D.O.B.: _____
(Month/Day/Year)

Child's Mother's Maiden name: _____

Child's Name: _____ D.O.B.: _____
(Month/Day/Year)

Child's Mother's Maiden name: _____

Child's Name: _____ D.O.B.: _____
(Month/Day/Year)

Child's Mother's Maiden name: _____

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Signature: _____

Date: _____ Contact Phone #: _____
(Month/Day/Year)

Requests for communications in alternate formats should be made directly to the local agency.