

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
HAGUE INTERNATIONAL ADOPTION REQUEST

Please have your applicant fill out attached **Hague Adoption Convention** authorization form to determine if he or she was the subject (i.e., perpetrator) of an indicated report of child abuse or maltreatment on file with Statewide Central Register of New York.

Any person who is the named subject in an indicated report of child abuse and maltreatment (a report substantiated by at least some credible evidence) has a legal right to access that record under Section 422(4)(A)(d) of the SSL. As such, the applicant may complete the enclosed form to release such records to you/your agency should they so choose.

The completed form should be returned to:

The New York State Office of Children and Family Services
Statewide Central Register
P.O. Box 4480
Albany, New York 12204-0480

There is no fee for this service.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
HAGUE INTERNATIONAL ADOPTION REQUEST

AUTHORIZATION FOR REQUEST FOR INFORMATION
FOR USE BY PROSPECTIVE ADOPTIVE PARENTS
APPLYING FOR AN INTERNATIONAL ADOPTION
WHO ARE CURRENTLY LIVING OUTSIDE NEW YORK STATE

I, _____, hereby authorize the release to the following Agency
his/her designee _____

(AGENCY NAME & CONTACT PERSON)

of _____

(MAILING ADDRESS FOR AGENCY)

by the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) of **all information** contained within the SCR regarding **indicated¹** reports in which I am a subject of the report, to the extent permitted by section 422(4)(A) of the Social Services Law, in relation to my request to be approved as a prospective adoptive or foster parent or as a person 18 years or older in the home of such person.

Following is information about me, my children and other persons residing in my current household, as well as at my previous addresses. This information is necessary to enable the SCR to conduct a thorough search of its records. I understand that the listing of these persons will not result in the release of information regarding any reports involving them in which I was not a subject of the report.

Please note that each individual must fill out a separate form. Use additional pages as necessary.

¹ An indicated report is a report of child abuse and maltreatment supported by at least some credible evidence at the conclusion of an investigation.

I. Prospective Adoptive Parent applying for International Adoption or Persons 18 years of Age or Older in the Home.

LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)	
MAIDEN NAME/ALIAS	CITY	STATE	ZIP	FROM	TO
CURRENT STREET ADDRESS:	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM	TO

II. Spouse, Children and Other Household Members of the Applicant

LAST NAME/MAIDEN NAME/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)	
LAST NAME/MAIDEN NAME/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)	
LAST NAME/MAIDEN NAME/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)	
LAST NAME/MAIDEN NAME/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)	
LAST NAME/MAIDEN NAME/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)	
LAST NAME/MAIDEN NAME/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)	
LAST NAME/MAIDEN NAME/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)	
LAST NAME/MAIDEN NAME/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)	

SIGNATURE OF APPLICANT