



**AUTHORIZATION TO RELEASE RECORDS CHECK INFORMATION:**

**I hereby authorize the release of any criminal conviction, child abuse registry, or driving record information to Wide Horizons For Children, Inc. I realize that clearances may need to be updated periodically throughout the duration of my adoption process, and thus authorize Wide Horizons to obtain these updates as necessary.**

**Name of Adoptive Parents:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_

Include other household members (teenage children & other adults in the home)

**Name:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_

## Child Abuse Registry Clearance Checklist

I am applying to adopt \_\_\_\_\_ Internationally or \_\_\_\_\_ Domestically. *If considering both, check both and complete clearances as if adopting internationally.*

Each adult residing in the home must complete his/her own individual checklist indicating the action steps taken for each required clearance.

Applicants adopting **internationally** (and their adult household members) must also obtain clearances from all places of residence since age 18 (including foreign countries).

Applicants adopting **domestically** (and their adult household members) must obtain clearances from all places of residence in the last 5 years (including foreign countries).

**Adoptive Applicant #1** Name: \_\_\_\_\_

*Select one of the last three columns for each state or country.*

State or Country of Residence	Dates of Residence	Clearance Request Attached (WHFC files on your behalf)	Clearance Request Submitted and will be returned to WHFC	Clearance Request Submitted and will be returned to me and then sent to WHFC
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____

**Adoptive Applicant #2** Name: \_\_\_\_\_

*Select one of the last three columns for each state or country.*

State or Country of Residence	Dates of Residence	Clearance Request Attached (WHFC files on your behalf)	Clearance Request Submitted and will be returned to WHFC	Clearance Request Submitted and will be returned to me and then sent to WHFC
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____

I have disclosed all information regarding my places of residence and I agree to allow Wide Horizons For Children, Inc. to access my Central Registry results from all states and/or countries I have lived.

_____	_____	_____	_____
Signature	Date	Signature	Date

TOGETHER WE CHANGE LIVES

## Child Abuse Registry Clearance Checklist

**Adult Household Member** Name: \_\_\_\_\_

*Select one of the last three columns for each state or country*

State or Country of Residence	Dates of Residence	Clearance Request Attached (WHFC files on your behalf)	Clearance Request Submitted and will be returned to WHFC	Clearance Request Submitted and will be returned to me and then sent to WHFC
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____

**Adult Household Member** Name: \_\_\_\_\_

*Select one of the last three columns for each state or country*

State or Country of Residence	Dates of Residence	Clearance Request Attached (WHFC files on your behalf)	Clearance Request Submitted and will be returned to WHFC	Clearance Request Submitted and will be returned to me and then sent to WHFC
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____
_____	_____	<input type="checkbox"/>	Date Mailed: _____	Date Mailed: _____

I have disclosed all information regarding my places of residence and I agree to allow Wide Horizons For Children, Inc. to access my Central Registry results from all states and/or countries I have lived.

_____	_____	_____	_____
Signature	Date	Signature	Date