

OFFICE OF REFUGEE RESETTLEMENT

CONFIDENTIAL AND PRIVILEGED

STAFF USE ONLY:

UAC NAME: _____

UAC A#: _____

CARE PROVIDER: _____

DIGITAL SITE LOCATION (IF ANY): _____

**OFFICE OF REFUGEE RESETTLEMENT
Division of Children's Services
AUTHORIZATION FOR RELEASE OF INFORMATION**



U.S. Department of Health and Human Services

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Division of Children's Services
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Carefully read this authorization, then sign and date it in black ink.

I Authorize any investigator, special agent, employee, contractor, grantee or other duly accredited representative working on behalf of the Office of Refugee Resettlement conducting my background investigation and sponsorship assessment to obtain information for the purposes of assessing my ability to provide appropriate care and placement of a child and for providing post release services, as needed. I authorize any federal, state, or local criminal justice agency; federal, state, local, or private child welfare agency; federal immigration agency; or any other sources of information, such as schools, courts, treatment providers, probation/parole officers, mental health professionals, or other references, to release information about any criminal history, child abuse and neglect charges or concerns, past and present immigration status, mental health issues, substance abuse, domestic violence, or any other psychosocial information gathered about me either verbally or in writing.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, employee, contractor, grantee, or other duly accredited representative of the Office of Refugee Resettlement.

I Understand that the information released by any custodian of my records and any other sources of information about me is for official use by the U.S. Government, its employees, grantees, contractors, and other delegated personnel, for the purposes stated above, and may be disclosed by the U.S. Government only as authorized by law.

I Understand that this information will become the property of the Office of Refugee Resettlement and may be reviewed by its employees, grantees, contractors, and delegates. I also understand that the Office of Refugee Resettlement may share this information with the employees and contractors of other Federal agencies.

I Hereby Relinquish any claim or right under the laws of the United States against the federal government, its employees, grantees, contractors, or delegates, for the legally authorized use of any information gathered during a search of my criminal history, child welfare information, past or present immigration status, any information contained in my sponsorship application and supporting documentation, and any information gathered from any verbal or written sources regarding this sponsorship application. I hereby relinquish any claim or previous agreement with any federal, state, local, or private agency that would bar the Office of Refugee Resettlement or the agency's official delegate from obtaining the requested information.

Copies of this authorization that show my signature are as valid as the original. This authorization is valid for one (1) year from the date signed.

Signature (Sign in ink)	Full Name (Type or Print Legibly)		Date Signed
Other names used (AKA)	Sponsor's DOB		Social Security Number (optional)*
Current Address	State	ZIP Code	Home Telephone Number (Include Area Code) () -

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*The provision of the Social Security Number is not mandatory. However, if not provided, ORR may be unable to complete the background check necessary for the reunification procedure.

INFORMATION REQUIRED FOR BACKGROUND CHECK

CHILD'S NAME:						CHILD'S DATE OF BIRTH:			
SPONSOR'S INFORMATION:						DATE OF BIRTH			
Last Name		First Name		Middle Name (Suffix)		Month	Day	Year	
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Race		Eye Color		SOCIAL SECURITY NUMBER (optional)*			
Height		Weight		Hair Color					
PLACE OF BIRTH: (Use two letter code for State)									
City		County		State		Country			
OTHER NAMES USED AND DATES WHEN USED:									
Name		From: Month Year		To: Month Year		Name		From: Month Year To: Month Year	
RESIDENCES IN LAST 5 YEARS:									
FROM: Month/Year		Street Address #		Apt.		City (Country)		State Zip Code	
TO: Month/Year									
FROM: Month/Year		Street Address #		Apt.		City (Country)		State Zip Code	
TO: Month/Year									
FROM: Month/Year		Street Address #		Apt.		City (Country)		State Zip Code	
TO: Month/Year									
FROM: Month/Year		Street Address #		Apt.		City (Country)		State Zip Code	
TO: Month/Year									
UNITED STATES CITIZENSHIP. If sponsor is a U.S. Citizen, but was not born in the U.S., provide information about one or more of the following proofs of citizenship.									
Naturalization Certificate									
Court		City		State		Certificate Number		Month/Day/Year Issued	
Citizenship Certificate (Where was the certificate issued?)									
City				State		Certificate Number		Month/Day/Year Issued	
State Department Form 240 – Report of Birth Abroad of a Citizen of the United States									
Give the date the form was prepared and give		Month/Day/Year		Explanation					

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an explanation if needed.					
U.S. Passport					
This may be either a current or previous U.S. Passport		Passport Number		Month/Day/Year Issued	
DUAL CITIZENSHIP - If subject is (or was) a dual citizen of the United States and another country, provide the name of that country in the space to the right.				Country	
ALIEN If subject is an alien, provide the following information:					
Place Entered the United States	City	State	Date Entered U.S. Month Day Year		Country of Citizenship

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