



Administration for Children & Families

Office of Refugee Resettlement

Authorization for Release of Information

Carefully read this authorization and the accompanying Privacy Notice, then sign and date it.

I Authorize any investigator, special agent, employee, contractor, grantee or other duly accredited representative working on behalf of the Office of Refugee Resettlement (ORR) conducting my background investigation or 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, or my background as a member of the household or caregiver for a child, as applicable. 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, mental health issues, substance use, 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 my biometric and biographical information, including my fingerprints and my photograph, is shared with Federal, state or local law enforcement agencies and may be used consistent with their authorities, including with the U.S. Department of Homeland Security (DHS) and with the U.S. Department of Justice (DOJ) to investigate my criminal history through the National Criminal Information Center.

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 ORR and may be reviewed by its employees, grantees, contractors, and delegates. I also understand that the ORR may share this information with the employees and contractors of other Federal agencies.

I Understand that, if applicable, ORR will offer me a fingerprint appointment within seven (7) business days of receipt of a signed copy of this document and a valid form of identification, unless circumstances beyond ORR's

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 0.5 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please see the accompanying privacy notice / Privacy Act statement for a discussion of (1) the authority for solicitation of information, and whether disclosure is mandatory or voluntary, (2) the principal purposes for which the information is intended to be used, (3) other routine uses which may be made of the information, and (4) the effects, if any, of not providing all or any part of the requested information. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

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control prevent ORR from offering an appointment within that timeframe. I further understand that ORR will make reasonable efforts to process my fingerprints within ten (10) business days of receipt of a set of legible prints, unless circumstances beyond ORR's control prevent fingerprints from being processed within that timeframe.

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, 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 ORR or the agency's official delegate from obtaining the requested information.

I declare and affirm under penalty of perjury that the information contained in this authorization is true and accurate to the best of my knowledge. I understand that knowingly and willfully falsifying, concealing, or covering up a material fact, or making any materially false, fictitious, or fraudulent statement or representation, or making or using any false writing or document knowing it contains any materially false, fictitious, or fraudulent statement or entry, is a violation of 18 U.S.C. § 1001 and may subject me to fines, imprisonment, or both. ORR may report fraudulent information to Federal law enforcement. (Sign, date, and print your name)

YOUR SIGNATURE

DATE

YOUR FULL NAME (PRINT CLEARLY)

STAFF USE ONLY	
UAC NAME(S)	
UAC A#(S)	
CARE PROVIDER	
DIGITAL SITE LOCATION (IF ANY)	

Need Help? Contact your Federal Field Specialist.

Information required for background check

1) About the child(ren)

List the names and dates of birth of all children you (or the potential sponsor) are applying to sponsor.

Child's Name	Child's Date of Birth month/day/year (e.g., 12/31/1979)

2) Your full name

Include first name, middle name, and last name.

3) Other names you have used

List other names you have used, such as your name before you were married or maternal last names and when you stopped using them.

Previous Name	Are you still using this name?	When you stopped using this name (if applicable) month/year (e.g., 12/2010)
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	

4) Your date of birth

month/day/year (e.g., 12/31/1979)

5) Your place of birth

Where were you born?

City

County

State

Country

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6) Your country of citizenship

7) Either your Social Security Number (SSN) or Your Tax Identification Number (TIN) (if applicable)

SSN

TIN

8) Phone numbers
e.g., 210-555-1234

Primary Phone

Secondary Phone

9) Your email address

10) Addresses

Where have you lived? Include all addresses where you lived from age 18 to today.

Do your best to provide as much accurate information as possible. If you cannot remember or only partially remember any of your past addresses, do not enter any guesses. Instead, enter the information you know is correct and then explain in the textbox below why you are unable to provide the full address(es).

Street address (+ apartment number, if applicable)	City/Locality, State/Province	Postal code	Country	From date (month/year)	To date (month/year)
(EXAMPLE) 2539 Lowndes Hill Park Road	San Antonio, TX	78201	USA	12/2014	11/2015
					Current

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Please explain if you are unable to provide the full address history requested.

STAFF USE ONLY - The Federal Field Specialist must complete this section if they assisted the sponsor applicant with entering information into this form.

I attest under penalty of perjury that to the best of my knowledge:

- Any information I entered into this form on behalf of the sponsor applicant is an accurate and complete representation of information provided to me by the sponsor applicant; and
- I have not altered or otherwise misrepresented the information provided by the sponsor applicant.

Federal Field Specialist Signature

Federal Field Specialist Name

Date

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