



## Authorization for Release of Information for Relative Family Home Child Care Provider Background Investigation

This release of information constitutes my consent and authorization for The Klamath Tribes, its representatives and contractors responsible for conducting background investigations to determine my suitability as a Relative Family Home Child Care Provider. This includes the Human Resource Department staff and Maximum Reports.

I understand that submission to a background investigation is a condition for eligibility as a Relative Family Home Child Care Provider. I consent to an investigation that includes criminal and civil record history, motor vehicle driving history, human services inquiry for domestic violence, and child abuse and neglect information, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I understand that disqualifying crimes include, being registered or required to be registered on the state or National Sex Offender Registry or database; conviction of felony murder, child abuse or neglect crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery. I also understand that if I have been convicted of a violent misdemeanor committed as an adult against a child, including child abuse, child endangerment, sexual assault, or a misdemeanor involving child pornography I may be determined ineligible to serve as Relative Family Home Child Care Provider.

I authorize the custodians of such sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of The Klamath Tribes, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

By signing below, I agree to indemnify and hold harmless any person to whom this is lawfully presented and their agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

APPLICANT MUST FULLY COMPLETE THIS SECTION					
FULL NAME (F/M/L)					
OTHER NAMES USED					
ADDRESS					
DATE OF BIRTH		SOCIAL SECURITY NUMBER			
SIGNATURE				DATE SIGNED	
PLEASE MARK YOUR FAMILY RELATIONSHIP TO THE CHILD/CHILDREN YOU WILL BE PROVIDING CARE FOR BELOW:					
GRANDPARENT		GREAT-GRANDPARENT		AUNT	
UNCLE		SIBLING (LIVING IN A SEPARATE RESIDENCE)			