Illinois Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS
NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last **First** **Middle**

Date of Birth: _____ **Gender (circle)** **Male** **Female** **Race:** _____

Current Address: _____
Street/Apt.

City: _____ **State:** _____ **Zip Code:** _____

Parish/School/Agency: _____ **Sacred Heart School**_____

Your Position (Circle One) Priest Deacon Religious Order Lay Employee Volunteer

List all addresses at which you have resided in the past five years.

_____

_____

_____

List maiden name and/or all other names by which you have been known: (last, first, middle)
_____

_____

_____
I hereby authorize the Illinois Department of children and Family Services to conduct a search of the Child Abuse and Neglect Tracking System (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signature Date
Archdiocese of Chicago (Agency Name)
Jan Slattery (Contact Person)
155 E. Superior St. (Address)
Chicago, IL 60611 (City/State/Zip)

Please complete this form and return the school office of Sacred Heart School