



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Children and Families  
 600 Washington Street, 6<sup>th</sup> Floor  
 Boston, MA 02111

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 Secretary

KARYN E. POLITO  
 Lieutenant Governor

LINDA S. SPEARS  
 Commissioner

**Department of Children and Families (DCF)  
 DCF History Consent and Acknowledgment Form**

In order to complete a DCF History check, the applicant/employee must sign this Consent and Acknowledgment Form and submit it to the fully executed form to:

Department of Children and Families  
 Background Record Check Unit  
 2 Boylston Street, 5<sup>th</sup> floor  
 Boston, MA 02116

This form can be emailed directly to : [MA.CPS.CHECK@MassMail.State.MA.US](mailto:MA.CPS.CHECK@MassMail.State.MA.US)

**APPLICANT INFORMATION (PLEASE PRINT)**

**All fields with asterisks are required. Please write clearly and be prepared to provide DCF with your government issued identification.**

LAST NAME*	FIRST NAME*	MIDDLE NAME
MAIDEN NAME OR ALIAS (IF APPLICABLE)	DATE OF BIRTH*	PLACE OF BIRTH
LAST 4 DIGITS of SOCIAL SECURITY NUMBER*	MOTHER'S MAIDEN NAME	

**CURRENT AND FORMER ADDRESSES FOR THE PAST FIVE (5) YEARS:**

Street Address	City	State	Zip Code

**Signing this form means that I understand and agree to the following:**

- I authorize DCF to check its own databases for any findings that I have been found responsible for abuse or neglect of a child in a supported 51B report, or if an investigation into abuse or neglect allegations is pending in a 51A report.
- I authorize DCF to respond to this request through email if this request is sent through email.
- I understand that this consent is valid for one year from the date of signing, unless I give DCF a written notice of withdrawal.

