CATHOLIC COMMUNITY SERVICES

Youth & Family Services
Rainbow Family Services

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

"Treatment Foster Parent - TFP"

As part of my application as a contract agent with Catholic Community Services – through Youth & Family Services or Rainbow Family Services – I hereby consent to and authorize the release of any and all information gathered by the Department of Human Services or Oregon Youth Authority in completing my application for Treatment Foster Parent certification.

This may be considered in evaluating my qualification for the contract position. I, therefore, release all parties and persons connected with any request for information from all claims, liabilities, and/or damages for whatever reasons arising out of furnishing such information.

Printed Name of Applicant: _____

Signature of Applicant: _____

Social Security Number: _____ - _____ - _____ DOB: _____

Date: _____

Other Names Used: _____

_____