

EXAMPLE



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES (DPHSS)
 DIVISION OF CHILDREN'S WELLNESS
 BUREAU OF CHILD CARE SERVICES (BCCS)
 Child Care Assistance Program
 www.guamchildcare.com
 671-735-7344 / 7256



CONSENT FOR DISCLOSURE OF CLIENT INFORMATION

As stipulated in Guam Public Law 31-73 and as required by Federal law, 45 C.F.R. § 98.43, all adults (18 years and older) residing in the location where child care services are being provided, those employed by a child care provider for compensation, contracted employees and self-employed child care providers, and those who care for, supervise, or have unsupervised access to children are subject to a comprehensive background check. This consent shall be effective immediately and shall remain in effect for a duration not to exceed ninety days. A separate **CONSENT FOR DISCLOSURE OF CLIENT INFORMATION** form shall be submitted for every adult present where child care services are conducted.

PURPOSE OR NEED FOR DISCLOSURE	
• National Sex Offender Registry	• Virtual Computerized Criminal History
• Local Sex Offender Registry	• General (Internet) Google Search
• Guam Child Abuse and Neglect Registry	• Other: _____
• National FBI Criminal History Check (Fingerprint)	• Other: _____

INFORMATION REQUIRED TO PROCESS A COMPREHENSIVE BACKGROUND CHECK			
First Name	Middle Name	Last Name	
Other Known Alias	Date of Birth	Race/Ethnicity	Military Service Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address on Guam: <input type="checkbox"/> check box if currently residing outside of Guam			
Current Address	Village	State	Zip Code
Previous Address Within the Last Five Years: Previous Address			
Previous Address Outside of Guam Within the Last Five Years: Previous Address			

Applicant Information

NAME OF PROGRAM OR ORGANIZATION TO RECEIVE INFORMATION	
Requesting Organization:	Department of Public Health and Social Services, Bureau of Child Care Services
Email Address:	childcare@dphss.guam.gov
Mailing Address:	130 University Drive Unit 15, Mangilao Guam 96913
Contact Number:	(671) 735-7344; (671) 735-7256
By signing this authorization form, I give my permission and consent to the Bureau of Child Care Services (BCCS) to obtain and review records of criminal history to prove the eligibility requirements are satisfied as required by law.	
Signature of Client/Parent/Guardian: _____	Date: _____
*****FOR OFFICIAL USE ONLY*****	
Authorized BCCS Personnel	Signature
	Date

Parent/Legal Guardian AND Applicant Signature

The client may revoke this Consent for Disclosure of Client Information at any time by completing the following:
 I HEREBY REVOKE CONSENT FOR DISCLOSURE OF THE INFORMATION TO THE DPHSS-BCCS AS OF: _____
 Signature of Client/Parent/Guardian: _____ Date: _____

EXAMPLE



GUAM POLICE DEPARTMENT

DIPATTAMENTON POLISIAN GUAHAN

Government of Guam



LOURDES A. LEON GUERRERO
Governor

JOSHUA F. TENORIO
Lieutenant Governor

Bldg. 13-16A Mariner Avenue, Tiyán
Barrigada, Guam 96913
P.O. Box 23909 Barrigada, Guam 96921
Telephone: (671) 475-8473 (Switchboard); (671) 475-8508 / 8509 / 8512
Fax: (671) 475-3222

STEPHEN C. IGNACIO
Chief of Police

AUTHORIZATION

Parent/Legal Guardian
Information

I, _____, (D.O.B. _____) do hereby authorize
_____ to request and obtain on my behalf a Police
Clearance . A copy of my driver's license is attached.

Signed on this ____ day of _____, 20__.

Print Name _____

Signature _____

Submitted by:

Parent/Legal Guardian
Name and Signature

Print Name _____
Agency/Department's Representative

Signature _____

Leave Blank

EXAMPLE

AUTHORIZATION FOR CERTIFICATE OF SEARCH (aka Court Clearance)

Date: _____

To the Records Section, Superior Court of Guam:

I, _____, hereby authorized the _____

_____, specifically _____,

to obtain a Certificate of Search, or what is more commonly referred to as a Court Clearance on my behalf.

Parent/Legal Guardian Name

Required Information:

Date of Birth: _____

Alias (es): _____

Social Security Number (optional): _____

Mailing Address: _____

Physical Address: _____

Contact Telephone Number(s): _____

Applicant's Information

*A clear, valid, and legible photocopy of my proof of identity (driver's license, passport, or state ID) is attached.

(Print)

(Signature)

Parent/Legal Guardian Name and Signature

Attachment