

## Child Abuse Clearance Consent Form

### CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

I hereby authorize the Department of Public Welfare Childline to release my Pennsylvania Child Abuse History Clearance information directly to Mount Ararat Community Activity Center (MACAC)(contractor). I understand that this information is confidential in nature pursuant to ~6340 (relating to information in confidential reports) of the Child Protection Services Law (CPSL) (23 PA, C,S, Chapter 63) and will not otherwise release by MACAC (contractor) without my expressed authorization or pursuant to authorization by Title 55 of the Pennsylvania Code, I understand that the aforementioned information will not be directly released to me \_\_\_\_\_ (applicant) as stated in the Pennsylvania Child Abuse History Clearance application. I understand that I will not receive a copy of my Pennsylvania Child Abuse History Clearance directly from Childline; however, I may request a copy of my Pennsylvania Child Abuse History Clearance from MACAC (contractor) upon written request.

I have read this Consent Release of Information Authorization form and fully understand and agree to it content. I further understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Clearance application otherwise relates to this consent.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Send to:

Mt. Ararat Community Activity Center  
MACAC Mentoring Program  
271 Paulson Avenue  
Pittsburgh, PA 15206