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 St. Andrew the Apostle Church of Drexel Hill, Pennsylvania.

I understand that this information is confidential in nature pursuant to §6340 (relating to information in confidential reports) of the Child Protective services Law (CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released by St. Andrew the Apostle Church of Drexel Hill, Pennsylvania, without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned information will not be released directly to me _____ 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 St. Andrew the Apostle Church of Drexel Hill, Pennsylvania, upon written request.

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

_____ _____
Date Applicant's Signature

St. Andrew the Apostle Church
Attn: Safe Environment Program
3500 School Lane
Drexel Hill, Pennsylvania 19026-2334