



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
ChildLine and Abuse Registry  
P.O. BOX 8170  
HARRISBURG, PENNSYLVANIA 17105-8170

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

I, ( \_\_\_\_\_ ), hereby authorize the Department of Public  
Applicant's Name

Welfare, ChildLine to release my Pennsylvania Child Abuse History Clearance information

directly to **(Crawford County Youth Soccer Association)**.

Name of Requesting Agency

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 **(Crawford County Youth Soccer Association)**.

Name of Requesting Agency

without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code.

I also understand that the aforementioned information will not be released directly to me

( \_\_\_\_\_ ) as stated on the

Applicant's Name

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 **(Crawford County Youth Soccer Association)**.

Name of Requesting Agency

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

**Please send my clearance result(s) to:**

Agency Name: Crawford County Youth Soccer Association

Agency Street Address: PO Box 641

Agency City, State, Zip Code: Meadville, PA 16335