



Please check box if renewal for an educator or school employee

CFS 689  
Rev 7/2012

State of Illinois  
Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**

Child Abuse and Neglect Tracking System (CANTS)

**For Programs NOT Licensed by DCFS**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: [ ] -- [ ] -- [ ] Gender:  Male  Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #  
City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

**OR**

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

| (Street/Apt#/City/County/State/Zip Code) | Dates<br>From/To |
|--|------------------|
| _____                                    | _____            |
| _____                                    | _____            |
| _____                                    | _____            |
| _____                                    | _____            |
| _____                                    | _____            |

List maiden name and/or all other names by which you have been known: (last, first, middle)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

**\*Electronic Signatures NOT Accepted\***

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please type, use bold letters or label:**

1-888-927-4141 (Submitting Agency Fax Number)

safeenvironment@dio.org (Submitting Email Address)

DIOCESE OF SPRINGFIELD IN ILLINOIS, SAFE ENVIRONMENT OFFICE (Agency Name)

ALISON SMITH (Contact Person)

1615 WEST WASHINGTON (Address)

SPRINGFIELD, IL 62702 (City/State/Zip)