

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**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed childcare facility. Please contact your licensing representative.**

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.  
Dates  
 (Street/Apt#/City/County/State/Zip Code) 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.

_____	_____	
<small>Signed</small>	<small>Date</small>	

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

<b>708-488-5290</b>	(Submitting Agency FAX number)
<b>jdeavilla@dom.edu</b>	(Submitting Email Address)
<b>Dominican University</b>	(Agency Name)
<b>Joan DeAvilla</b>	(Contact Person)
<b>7900 W Division Street</b>	(Address)
<b>River Forest, IL 60305</b>	City/State/Zip