

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

I, _____ (Applicant's Name), hereby authorize the Department of Public Welfare, ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to St. Pius X Church.

I understand that this information is confidential in nature pursuant to paragraph 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 Saint Pius X Church without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned will not be released directly to me

_____ (Applicant's Name) 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. Pius X Church 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

SAINT PIUS X CHURCH
OFFICE OF RELIGIOUS EDUCATION
220 LAWRENCE ROAD
BROOMALL, PA 19008