



KAIROS Family Services

13170 Crane Canyon Loop

Colorado Springs, CO 80921

209.304.3444

Website: www.kairosfamilyservices.com

Authorization to Release and Supply Information

I/We authorize **Kairos Family Services** to obtain information from the Colorado Department of Human Services – Trails Database.

Anyone over the age of eighteen (18) must complete this form; the records check will indicate past or present child abuse and neglect reports. I/We understand that this information may not be used for any other purpose and I/we release the agency from any and all liability to me for supplying such information. I/We also agree to permit any references, including past employers, school & health personnel, to give information to Kairos Family Services regarding any/all members of the household.

APPLICANT #1: (Please Print)

First Middle Last Name

Any names used previously _____

DOB: _____ SSN: _____

Address City State Zip

Signature Date

APPLICANT #2: (Please Print)

First Middle Last Name

Any names used previously _____

DOB: _____ SSN: _____

Address City State Zip

Signature Date

CHILDREN'S NAMES AND DATE(S) OF BIRTH

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____