

**CONSENT/RELEASE OF INFORMATION 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 Athanasius
Parish of West View PA, Catechetical Program.** (requesting Agency)

I understand that this information is confidential in nature pursuant to
Section 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 the **St Athanasius Catechetical Program** (Requesting Agency)
without my express authorization or pursuant to authorization by Title 55 of the
Pennsylvania Code. I understand that the aforementioned information 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 Child Line; however, I may request a copy of my
Pennsylvania Child Abuse History Clearance from **St Athanasius Catechetical
Program** (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 _____

Send certificate to:

**St Athanasius Catechetical Program
7 Chalfonte Avenue
Pittsburgh, PA 15229-1825**

Questions? Call St. Athanasius Parish 412-831-4624 Extension 213