New Mexico Children Youth and Families Department (CYFD)
Child Abuse and Neglect Check Authorization

List your birth name and every married name(s), hyphenated name(s), nick name(s), or variation of a name you have ever used. Please spell out every name, no initials. If no middle name, please indicate "NMN".

_____

_____

Social Security Number: Date of Birth:

Place of Birth (city, state, country):

Current physical address: State: Zip:

Mailing address: State: Zip:

Phone number: Email address:

Current and Previous Spouse(s)/Significant Other(s):

Full name(s)	Date of birth, if known	Social Security Number, if known

Birth, adoptive, foster, step or other children who have ever lived in your home:

Full name(s)	Date of birth

I have provided CYFD with a valid copy of my photo ID and hereby authorize CYFD to conduct abuse and neglect screens of information in databases in New Mexico and to release such information directly to me.

_____

Signature Date

FOR CYFD USE ONLY

☐ A search of the Family Automated Client Tracking System (FACTS) has been completed on the above named person and a record of substantiated child abuse or neglect was not found.

☐ A search of FACTS has been completed on the above named person and a substantiated report of abuse or neglect was found to exist.

Search processed by: _____ Date _____

For additional information regarding substantiated reports, please contact Kathleen Hardy, Records Custodian at kathleen.hardy@cyfd.nm.gov

CYFD ADMINISTRATIVE SERVICES / BACKGROUND CHECK UNIT

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