



Dear Employee,

The State of Montana Department of Public Health and Human Services requires the employee to complete the attached Release of Information Protective Service Background Checks, CFS-400, for the purposes of making employment decisions to any organization working directly with children.

Please open link and complete the form as follows:

<https://dphhs.mt.gov/assets/cfsd/BackgroundChecks/CFS-400.pdf>

- Print your full Legal Name: First Name, Middle Name, Maiden (if applicable), and Last Name.
- List any Alias Name(s), if applicable, if none, enter NMN.
- Enter your Date of Birth, your Social Security Number, and indicate whether Male or Female.
- Enter your Current Mailing Address to include street, city, state, and zip code.
- Check the option that best applies to the position for which you have applied with PWCS.

Enter the following information under “Authorization Statement and Signature”

- Name of Agency - **Prince William County Schools**
- Mailing Address – **14715 Bristow Road, Manassas, VA 20112**
- Name of Agency Contact Person – **HR, Compliance Specialist**
- Telephone Number – **(703)791-8958/8382**
- Fax – **(703)791-8848**
- **Do not** sign the form. This form requires a Notary which will be provided at your Fingerprint Session with PWCS.

Bring this form and all completed documents to your Fingerprint Session with PWCS. This form will be submitted to the State of Montana Department of Public Health and Human Services on your behalf.

If you have any questions regarding the completion of this form, please call 703-791-8958/8382.

Sincerely,

Compliance Specialist
Human Resources Department