

## Connecticut

*The following instructions were written for Early Childhood Education students who attend the University of Delaware but have lived in Connecticut and need to obtain those out-of-state clearances. **If you are not a UD student, you will need to contact the state directly for additional help.***

### Criminal Record Check Services:

- Pick up a fingerprint card from the Office of Clinical Studies.
  - Fill out the top neatly in black ink
  - Make an appointment at one of the troops to have your fingerprints rolled onto the card.
  - Carefully reinforce the fingerprint card with cardboard to prevent any bending or other damage.
- Go to [https://portal.ct.gov/-/media/DESPP/reports\\_and\\_records/DPS0846CCriminalHistoryRecordRequestFormRev120117pdf.pdf?la=en](https://portal.ct.gov/-/media/DESPP/reports_and_records/DPS0846CCriminalHistoryRecordRequestFormRev120117pdf.pdf?la=en)
- Print this form and fill it out by printing neatly in black ink. You will need to do the “CT Only Criminal Conviction history Record searched by Fingerprint”
- Enclose a check for the required amount (currently \$75) made payable to “Treasurer-State of CT” and mail it to the address at the bottom of the form.
- Once you get your results, please forward them to us at [clinicalstudies@udel.edu](mailto:clinicalstudies@udel.edu)

### Adam Walsh/Child Protective Service Background Record Request:

- Go to [Microsoft Word - DCF-3031 \(Draft Rev 6-27-2022\) \(ct.gov\)](#) This will give you the Authorization for Release of Information for DCF CPS Search form.
  - This can be filled out on-line.
  - Type in your name for the Applicant Name, and check the box “Intern”.
  - Fill out your personal information.
  - For the Agency information use:
    - Name of Agency: University of Delaware
    - Attention: Office of Clinical Studies
    - Address: 200 Academy Street
    - City: Newark
    - State: DE
    - Zip: 19716
  - Fill out your personal information.
    - List all addresses where you have lived for the previous five years.
    - List any other names you have used, and then any spouses and children.
    - Answer the two questions about possible DCF investigations.
    - Fill in the date.
- Print the form, sign it.
- Scan the form to us at [clinicalstudies@udel.edu](mailto:clinicalstudies@udel.edu). Please use UD Dropbox since you have sensitive information on it.

- We will submit your information and then retrieve and store your results (as we do for all your clearnaces)

If you have any problems, please let us know at [clinicalstudies@udel.edu](mailto:clinicalstudies@udel.edu)