# This is a graphic of the DOE logo.

Chancellor's Regulation A-750

Attachment No. 1

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# **CHILD ADVOCACY CENTER (CAC) OR CHILD PROTECTIVE CENTER (CPC) MULTIDISCIPLINARY TEAM RELEASE FORM**

To All School Principals:

Pursuant to Chancellor's Regulation A-750, the investigation of a child abuse allegation may result in a student being transferred to a Child Advocacy Center (CAC) or Child Protective Center (CPC) for a

Multidisciplinary Team Investigation. You must permit an authorized member of the New York City Administration for Children's Services (ACS) or the New York City Police Department (NYPD) to take a child to a CAC/CPC upon their completion of the release form below and after verifying their credentials by asking to see a Photo I.D. card and calling the individual's supervisor.

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## **Release Form**

The undersigned employee of the ACS and/or NYPD is authorized to conduct child protective investigations in accordance with New York Social Services Law, and the Memorandum of Understanding Among the Administration for Children's Services, the New York City District Attorney's Offices, and the New York City Police Department, requires that the child named below be released to assist in the conduct of such investigation. The undersigned employee is responsible for transporting the child to:

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Name and Address of Child Advocacy Center/Child Protective Center (CAC/CPC)**

for the purpose of an interview and for returning the child to the school, home, or other appropriate destination. The undersigned employee is also be responsible for notifying the parent, guardian or designated emergency contact person that the child was transported to a CAC/CPC and for providing him/her with the appropriate contact information.

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Making Request: ACS \_\_\_\_\_

NYPD \_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_