

## Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306

AND

Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

## CONSENT FOR RELEASE OF REGISTRY INFORMATION

## This form is for use with the ON-LINE registry checking system ONLY

\*\*\*\* This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

## Current or Prospective Employee, Contractor, or Volunteer Information

Full Name:		Gender:
LAST	FIRST	Middle Initial
	rity number: XXX-XX	
Phone number:	Birth Date:	Place of Birth:  City, State, Country
		City, State, Country
Other <u>FIRST</u> names I have	used, if any (i.e. Nicknames,	Aliases):(Type or Print)
Other <u>LAST</u> names I have u	sed, if any (i.e. Maiden Name	es, Aliases):(Type or Print)
I hereby authorize related and contained in a	the Vermont Adult Abuse Ro	oorts of abuse, neglect or exploitation substantiated against egistry and/or the Vermont Child Protection Registry to:
Staff, Contractor, or Volum	nteer Signature	Date