

Agency of Human **Services**

AND

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. Please print neatly.

Full Name: _____ **Gender:** ☐ Male ☒ Female

Last
First
Middle [Initial]

Address-physical: _____

Last four digits of social security number: XXX-XX-

Phone number: _____ Birth Date: _____ Place of Birth: _____
City, State, Country

Other **FIRST** names I have used, if any (i.e., Maiden Names, Aliases): _____
(Type or Print)

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): _____
(Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to:

(Print School Name)

(Employee's Signature)

Date