

State of New Hampshire - Department of Health and Human Services
Bureau of Elderly and Adult Services (BEAS)
STATE REGISTRY CONSENT FORM
(*RSA 161-F:49)

Employer Information

I hereby authorize the release of any adult or child abuse, neglect, and/or exploitation record that you may find concerning me to: (***This portion must be filled out in order to be processed.***)

Employer Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City/State/Zip: _____

Telephone: _____ Gender: Female Male

Also known by the following names (Maiden Name, etc.):

Last Name _____ First Name: _____ Middle Initial: _____

Last Name _____ First Name: _____ Middle Initial: _____

Date of Birth: Month ____ Day ____ Year ____ Social Security # : _____
(Optional)

Position: _____ Select one: Applying Current Position
 employee consultant volunteer vendor other _____

I understand that the information disclosed and provided by BEAS under this request and release authorization is intended for use by the above name employer in conjunction with my employment/volunteering.

Employee Signature _____ Date _____

Witness Signature _____ Date _____

(REQUIRED)

Fax to: (603)271-6875

Or **Mail** to: BEAS State Registry, 129 Pleasant St., Brown Bldg., Concord, NH 03301-3857

***This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F:49**