

**BEAS STATE REGISTRY CONSENT FORM**  
(RSA 161-F: 49\*)

**Employer Information**

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

Employer name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

For Official Use Only

**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 #: \_\_\_\_\_  
(Required) (Optional)

Position: \_\_\_\_\_ Select one:  Applying  Current Position  
 Employee  Consultant  Volunteer  Other: \_\_\_\_\_

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named 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 Street, Concord, NH 03301

For more information, Visit: <https://www.dhhs.nh.gov/dcbcs/beas/registry.htm>,

Call: (603) 271-8154 or Email: BEASStateRegistry@dhhs.nh.gov

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