VERMONT

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: _____
LAST FIRST Middle Initial

Gender:_____ Last 4 Digits of Social Security #: XXX-XX-_____

Address: _____

_____

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

Other ***FIRST*** names I have used, if any (i.e. Nicknames,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 …….

MAPLE RUN UNIFIED SCHOOL DISTRICT

(Print Organization Name)

_____ _____

(Prospective) Staff, Contractor, or Volunteer Signature **Date**

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