

Vermont Agency of Human Services

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

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

CONSENT FOR RELEASE OF INFORMATION

PLEASE PRINT OR TYPE. THIS FORM WILL BE RETURNED IF ALTERED OR STAPLED.

If requesting information from both registries, please fill out one form and submit copies to each division

- I hereby request the Commissioner of the Department of Disabilities, Aging and Independent Living to release to me any information in the **Adult Abuse Registry** pursuant to 33 V.S.A 6911(C)(3) involving the individual listed below in Section II.
- I hereby request information from the **Child Protection Registry** maintained by the Department for Children and Families.

Section I. Employer Requesting Registry Check

Employer name: _____

Employer address: _____

Employer telephone number: _____ Employer fax number: _____

Employer email address: _____

I certify that this individual is a current employee, contractor or volunteer of this facility/agency or has been given a conditional offer of employment. I understand this information is only for the purposes of determining whether to hire or retain the individual to provide care, custody, treatment, transportation, or supervision of children or vulnerable adults.

(Authorized) Facility/Agency Signature

Date

Note: if you are a regulated childcare provider in Vermont, this process does not apply to you.

Section II. Consent From Current or Prospective Employee, Contractor, or Volunteer

Full Name: _____ Gender: _____
(Type or Print Clearly)

Address (including City, State, Zip Code): _____

Phone number: _____ Birth Date _____ Place of Birth: _____

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

Other names I have used, if any (including maiden name): _____
(Type or Print Clearly)

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 the Owner/Operator of the above named facility/agency.

(Prospective) Staff, Contractor, or Volunteer Signature

Date

Section III. Response from the Agency of Human Services (Office Use Only)

Vermont Adult Abuse Registry

Employee's name **not found** in registry ____ initials

Employee's name **found** in registry ____ initials

Vermont Child Protection Registry

Employee's name **not found** in registry ____ initials

Employee's name **found** in registry ____ initials

Nature of any finding: _____

Date of such finding: _____

Signature of Commissioner's Designee

Date

**** A self-addressed, stamped envelope must be included ****