

# 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 \*\*\*\*