

State of New Hampshire
Department of Health and Human Services
Bureau of Elderly and Adult Services (BEAS)

3655
4/11

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 may find concerning me to: *(This portion must be filled out in order to be processed.)*

Employer Name: Hope on Haven Hill
Mailing Address: P.O. Box 1272
City/State/Zip: Rochester, NH 03867
Telephone: 603-948-1230
Fax: N/A

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: Volunteer Select one: Applying Current Position
 employee consultant volunteer vendor 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, Concord District Office, 40 Terrill Park Drive,
Concord, NH 03301-3857**

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