

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
NH DHHS BEAS STATE REGISTRY
NAME CHECK - CONFIDENTIAL**

No Finding
Positive Finding
Unable to Process - Correct and Resubmit
Information Illegible
Inaccurate Date of Birth (DOB) or
DOB Missing
Altered Form, Not Witnessed, or
Too Dark
Minor
Other:

By: Angele Rivers
Karen Conlon

Date: _____

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