

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: _____

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: Click or tap to enter a 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 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, 129 Pleasant Street, Concord, NH 03301

For more information, Visit: <https://www.dhhs.nh.gov/programs-services/adult-aging-care/elderly-adult-services-state-registry>

Call: (603) 271-8154 or Email: BEASStateRegistry@dhhs.nh.gov