

Vermont Adult Abuse Registry Release Instructions

The Vermont Adult Abuse requires a special State release form that must be completed by the subject of the search. Section II needs to be filled out and signed by subject.

This search is performed by the Vermont Agency for Human Services.

Required Information

- Name (first, middle initial, last)
- Gender
- Address, including city, state, zip code
- Phone number
- Birthdate
- Place of birth
- Last 4 of Social Security number
- Maiden name or alias (if applicable)
- Applicant signature and date

Note: Original form can be faxed or emailed

Note: In Section 1 for employer name, please include organizations name in the blank space before Global Screening Solutions



AGENCY OF HUMAN SERVICES

Adult Abuse Registry - Check Request Form

Please print or type clearly. This form will be returned if altered or stapled.

Section I. Employer Requesting Registry Check

Employer name: Global Screening Solutions

Employer address: 4833 Front St B448 Castle Rock CO 80104

Employer phone number: 866-454-2325 Employer fax number: 866-728-7784

Employer email address: customerservice@global-screeningsolutions.com

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**

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

Full name: _____ Gender: Female Male

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

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

Last 4 digits of SSN: - _____ Other names used if any (e.g., maiden name): _____

I authorize the release of information of any substantiation against me found in the Vermont Adult Abuse Registry to the above-named facility/agency.

(Prospective/Current) Staff, Contractor, or Volunteer Signature **Date**

Section III. Response from the VT Adult Abuse Registry (Office Use Only)

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

Nature of any finding: _____ Date of finding: _____

Signature of Commissioner's Designee **Date**

**Mail your completed form and a self-addressed, stamped envelope to: Division of Licensing & Protection - Adult Protective Services
HC 2 South, 280 State Drive, Waterbury, Vermont 05671-2060**