

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

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 Email BEASStateRegistry@dhhs.state.nh.us

**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.**



STATE REGISTRY CONSENT FORM

(*RSA 161-F:49)



Respite Provider Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last Name: _____ First Name: _____ MI _____

Mailing Address: _____

City/State/Zip: _____

Gender: Female Male

Also known by the following names (maiden, alias, etc.)

Last Name: _____ First Name: _____ MI _____

Last Name: _____ First Name: _____ MI _____

Date of Birth: Month _____ Day _____ Year _____

Social Security Number: --

Current Position: Respite Provider

Providers Signature: _____ Date: _____

Notary's Siganture: _____ Date: _____
(Affix Seal) (Comm. Expires)

I understand that the information disclosed and provided to DHHS/SMS under this request and release authorization is intended for use by the below named agency in conjunction with my enrollment as a respite provider.

Return to Agency Name: DHHS/ Special Medical Services; Sharon Kaiser

Mailing Address: 129 Pleasant St. Thayer Building, Concord, NH 03301

Phone: 271-4498

Fax: 271-4902

*This record check pertains only to findings made on or seven (7) years prior to signature date as listed above Pursuant to RSA 161-F:49



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE FOR RECORD: Housing Employment Annulment/Expungement Other _____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to NH RSA 641:3

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS _____
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE _____

NOTE: A \$25.00 fee is required for each request- make checks payable to: State of NH – Criminal Records.