

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](mailto: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.**