CONSENT FOR RELEASE OF REGISTRY INFORMATION

Please mail completed form to:

Vermont Department of Education
Educator Licensing
120 State Street
Montpelier, VT 05620-2501

This consent form must be filled out completely and signed by the applicant or licensee and will be kept on file at the Department of Education. The Agency of Human Services reserves the right to audit these consent forms at any time.

Applicant or Licensee Information

Full Name: _____ Gender:_____
LAST FIRST Middle Initial

Address: _____

_____

Last four digits of social security number: XXX-XX-_____

Phone number: _____ Birth Date: _____ Place of Birth: _____
City, State, Country

Other ***FIRST*** names I have used, if any (i.e. Nicknames, Aliases):_____
(Type or Print)

_____

Other ***LAST*** names I have used, if any (i.e. Maiden Names, Aliases):_____
(Type or Print)

_____

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to the **Vermont Department of Education.**

_____ _____
Applicant or Licensee Signature **Date**