



Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306
AND

Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Zip: _____
Street#/Box # Town

Male _____ Female _____ Last 4 digits of your Social Security Number: XXX XX _____

Phone Number: _____ Email: _____

Date of Birth: _____ Place of birth (city, state) _____

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

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

Please select ONE of the following:

_____ 4-H volunteer leader in _____ county.

_____ Chaperone for _____ (4-H event or program)

_____ Volunteer/Staff for the following UVM Extension program : _____

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 University of Vermont Extension 4-H

Signature

Date