



DELAWARE HEALTH & SOCIAL SERVICES

DIVISION OF LONG TERM CARE RESIDENTS PROTECTION

3 MILL ROAD, SUITE 308

WILMINGTON, DE 19806

**AUTHORIZATION TO
DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF LONG TERM CARE RESIDENTS PROTECTION
FOR THE RELEASE OF ADULT ABUSE REGISTRY INFORMATION**

EMPLOYER: Office of Child Care Licensing

ADDRESS: Barratt Building

821 Silver Lake Blvd., Suite 103

Dover, DE 19904

I hereby authorize the indicated employer to obtain from the Division of Long Term Care Residents Protection any information concerning me which may be on the Adult Abuse Registry pursuant to 11 Del. C., § 8564.

APPLICANT

PRINT NAME

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

WITNESS

PRINT NAME

DATE

SIGNATURE

TELEPHONE: (302) 577-6661 FAX: (302) 577-6672

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