

# DELAWARE HEALTH & SOCIAL SERVICES

DIVISION OF LONG TERM CARE RESIDENTS PROTECTION

ADULT ABUSE REGISTRY

3 MILL ROAD, SUITE 308

WILMINGTON, DE 19806

PHONE: 302-577-6661

FAX: 302-577-6672

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

EMPLOYER: GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL, INC.

ADDRESS: 501 SOUTH COLLEGE AVENUE

NEWARK, DE 19713

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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