



Delaware Health and 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

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

Employer: BAYHEALTH MEDICAL CENTER

Address: 640 SOUTH STATE STREET

DOVER DE 19901

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 Marianne Foard/Jerry Artesona/Lisa Clendaniel
Gretchen Kaufman/Glenn Neal/Tammy Robinson/Brian
Mifflin/Paula Bodner

PRINT NAME

DATE

SIGNATURE

1/5/06