

**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:                      Praise Assembly  
Address:                      1421 Old Baltimore Pike  
                                    PO Box 9025  
                                    Newark, DE. 19714

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