



**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: \_\_\_\_\_ Nanticoke Memorial Hospital \_\_\_\_\_  
Address: \_\_\_\_\_ 801 Middleford Road \_\_\_\_\_  
                  \_\_\_\_\_ Seaford, DE 19973-3636 \_\_\_\_\_  
                  \_\_\_\_\_

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