

**AUTHORIZATION TO RELEASE INFORMATION FROM THE
ADULT PROTECTIVE SERVICES CENTRAL REGISTRY**

REQUESTING INDIVIDUAL OR AGENCY: (Print or Type all information)

Name: _____ Phone: _____
Address: _____ ATTN: _____

INDIVIDUAL TO BE CHECKED:

I authorize the Department of Human Services (DHS) or its designee to conduct a Protective Services Central Registry Check of **Adult Protective Services (APS)** on myself and to release the information to the requesting individual or agency listed above.

The information to be released shall be limited to the history of abuse or neglect in which I was identified as a perpetrator and shall include date(s) of CONFIRMED incident(s) only and type of abuse for each incident.

Full name: _____ Date of Birth: _____
Social Security Number: _____ Telephone Number: _____
Alias(es), Maiden, or Former Names: _____
Address: _____

I understand that the information I provide about me shall be used solely for the purpose of conducting an Adult Protective Services (APS) Central Registry Check. I also understand that the release of this information may be used as part of a background check for employment, volunteer, licensure, or certification purposes which may result in suspension or termination.
This authorization is good until ____/____/____ or _____.
Date Event
When no date or event is specified, the authorization shall expire one year from the date the authorization is signed.

Signature: _____ **Date:** _____

Mail or FAX this completed form to addresses on page 2.

FOR OFFICIAL USE ONLY:

Types of Confirmed Abuse or Neglect **Date(s) of Confirmation:**
 Caregiver Neglect (Negligent Treatment/Maltreatment) _____
 Financial Exploitation _____
 Physical Abuse _____
 Psychological Abuse _____
 Self-Neglect (Poor Self-Care) _____
 Sexual Abuse _____
 NO RECORD OF CONFIRMED ADULT ABUSE ON FILE

Clearance Completed by: _____ Date: _____
DHS or Designee Worker's Name Phone Number

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MAIL or FAX this completed form to:

Oahu:

420 Waiakamilo Rd., #202
Honolulu, HI 96817
Phone: 832-5115 FAX: 832-5391

Kauai:

4370 Kukui Grove St., #203
Lihue, HI 96766
Phone: 241-3337 FAX: 241-3476

East Hawaii:

(Hilo/Hamakua/Puna)
1055 Kinoole Street, Suite 201
Hilo, HI 96720
Phone: 933-8820 FAX: 933-8859

West Hawaii:

(Kona/Kohala/Kamuela/Kau)
75-5995 Kuakini Hwy., #433
Kailua-Kona, HI 96740
Phone: 327-6280 FAX: 327-6292

Maui/Molokai/Lanai:

1773-B Wili Pa Loop
Wailuku, HI 96793
Phone: 243-5151 FAX: 243-5166