## STATE OF NEW HAMPSHIRE Department of Health and Human Services Division for Children, Youth and Families

Form 2202a April 2014

## DCYF CENTRAL REGISTRY NAME SEARCH AUTHORIZATION RELEASE OF INFORMATION TO THIRD PARTY

I hereby request the NH Department of Health and Human Services (NH DHHS) to conduct a name search to determine if I am listed on the Department's Central Registry of founded reports of child abuse and neglect. My full legal name, other names I have used in the past and other identifying information are listed below.

CURRENT FULL LEGAL NAME (please print legibly):					
OTHER NAMES I HAVE USED, INCLUDING MAIDEN NAME (if applicable):					
OTHER WANES THAVE USED, INCECUTION MAIDEN NAME					
DATE OF BIRTH	TELEPHONE NUMBER				
month day year					
CURRENT MAILING ADDRESS					
NH RSA 170-E, the Department of Health and Human S Child Welfare Agency or Private Adoption Agency pu	e released to myself or a Child-Placing Agency pursuant to Services pursuant to NH RSA 170-G:8-c, or another state's rsuant to NH RSA 169-C:35. I understand and authorize ency listed below if in compliance with the aforementioned or these laws will not be sent the results.				
SIGNATURE:	DATE:				
NAME AND ADDRESS OF PERSON AND AGENCY TO RECEIVE RESULTS					
number and street name city or town	state zip code				
State of,	County of, ss.				
On this the day of , 20 , befo	re me,, the undersigned officer,				
	(name of notary)				
personally appeared, known to me (or satisfactorily proven) to be the person described, known to me (or satisfactorily proven) to be the person described,					
above, and acknowledged this instrument.					
Signature of notarial officer: My commission expires on:					
In witness whereof I hereunto set my official seal.	My commission expires on:				
	For Official Use only				
Mail form and a self-addressed stamped envelope to:					
Division for Children, Youth and Families					
DCYF Central Registry, Thayer Building					
129 Pleasant Street Concord, NH 03301					