



NH CHILD ABUSE AND NEGLECT CENTRAL REGISTRY NAME SEARCH AUTHORIZATION
LEAD AGENCY CHILD CARE RELEASE OF INFORMATION

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 (ALIASES) I HAVE USED, INCLUDING MAIDEN NAME (if applicable):
DATE OF BIRTH: month day year TELEPHONE NUMBER:
CURRENT MAILING ADDRESS:

NAME OF CHILD CARE EMPLOYER: RESOURCE NUMBER:
ADDRESS OF CHILD CARE EMPLOYER:

PURPOSE OF THE CHECK:

- checkbox NH Lead Agency for child care providers who receive state funding
checkbox Another State's Lead Agency for an out-of-state child care provider:
agency name
number and street name city or town state zip code

I acknowledge that the results of this search can only be released to myself or a Lead Agency in compliance with RSA 169-C:35, RSA 170-E:7, and the Child Care Development Block Grant. I understand and authorize the results of this search to be provided to the agency listed above if in compliance with the aforementioned laws. Any entity that is not governed under these laws will not be sent the results.

SIGNATURE: DATE:
Sign in the presence of a notary

SIGNATURE OF PARENT/GUARDIAN: DATE:
If person signing is under age 18 years old

NOTARY ACKNOWLEDGEMENT

State of:
County of:
Subscribed and sworn before me on this day of
in the year by
(name of person being checked)
checkbox Personally known checkbox Produced Identification
Signature of notary:
My commission expires:

In witness whereof I hereunto set my official seal.

For official use only

In order to process this request please mail form to:
Bureau of Child Development and Head Start Collaboration
Division of Economic and Housing Stability
129 Pleasant Street Concord, NH 03301