



**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): \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **TELEPHONE NUMBER** \_\_\_\_\_  
*month day year*

**CURRENT MAILING ADDRESS** \_\_\_\_\_

I acknowledge that the results of this search can only be released to myself or a Child-Placing Agency pursuant to NH RSA 170-E, the Department of Health and Human Services pursuant to NH RSA 170-G:8-c, or another state's Child Welfare Agency or Private Adoption Agency pursuant to NH RSA 169-C:35. I understand and authorize the results of this search to be provided to the person/agency listed below if in compliance with the aforementioned laws. Any entity listed below that is not governed under 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\_\_\_\_\_, before me, \_\_\_\_\_, the undersigned officer,  
*(name of notary)*  
 personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person described  
*(name of person)*

above, and acknowledged this instrument.

Signature of notarial officer: \_\_\_\_\_ My commission expires on: \_\_\_\_\_  
 In witness whereof I hereunto set my official seal.

*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



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**CURRENT MAILING ADDRESS** \_\_\_\_\_

I acknowledge that NH RSA 169-C:35 states it shall be unlawful for any employer to require my name to be reviewed against the Central Registry as a condition of employment unless specified in NH RSA 170-E or 170-G:8-c.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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