



**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 for the purposes of licensing Foster Parents and Adoption. 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: _____

PURPOSE OF CHECK:

- Foster Care/Adoption Employment with NH DHHS NH License-Exempt Child Care Providers who receive state funding
- Licensed Child Care Providers Foster family homes, institutions and child-placing agency staff who are responsible for the care of or in regular contact with children.

AZDES/DERS/Background Investigation Unit

NAME AND ADDRESS OF PERSON AND AGENCY TO RECEIVE RESULTS _____

P.O. Box 6123 MD 54F2 Phoenix AZ 85005
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 DCYF 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