Form 2503 May 2020

## 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.

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CURRENT FULL LEGAL NAME (please print legibly):	
OTHER NAMES (ALIASES) I HAVE USED, INCLUDING MAIDEN NAM	ME (ifapplicable):
	E NUMBER:
1	
CURRENT MAILING ADDRESS:	
NAME OF CHILD CARE EMPLOYER:	RESOURCE NUMBER:
ADDRESS OF CHILD CARE EMPLOYER:	
PURPOSEOF THE CHECK:	
NH Lead Agency for child care providers who receive state	te funding
Another State's Lead Agency for an out-of-state child car	re 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 Developm	
the results of this search to be provided to the agency listed above	
laws. Any entity that is not governed under these laws will not be	
SIGNATURE:	DATE:
Sign in the presence of a notary	
SIGNATURE OF PARENT/GUARDIAN:	Date:
SIGNATURE OF PARENT/GUARDIAN:  If person signing is unde	r age 18 years old
NO TARY ACKNO WLEDGEMENT	
State of:	In witness whereof I hereunto set my official seal.
County of:	
Subscribed and sworn before me on this day of	
in the year by	
(name of person being checked)	
☐ Personally known ☐ Produced Identification	
Signature of notary:	
My commission expires:	
	For official use only
In order to process this request please mail form to:	
Dungay of Child Davidonment and Head Stant Collaboration	
Bureau of Child Development and Head Start Collaboration Division of Economic and Housing Stability	
TAIVISKAL ALLA ARRIBIK, ARA ERAUSHIY MADIHIN	
129 Pleasant Street Concord, NH 03301	