



**NH CHILD ABUSE AND NEGLECT CENTRAL REGISTRY NAME SEARCH AUTHORIZATION
 CHILD CARE LICENSING 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 <i>(please print legibly)</i> : _____	
OTHER NAMES (ALIASES) I HAVE USED, INCLUDING MAIDEN NAME <i>(if applicable)</i> : _____	
DATE OF BIRTH: _____	TELEPHONE NUMBER: _____
<i>month day year</i>	
CURRENT ADDRESS: _____	
<i>number and street name</i>	
_____	_____
<i>mailing address if different</i>	<i>city or town state zip code</i>

NAME OF CHILD CARE PROGRAM: _____	LICENSE NUMBER: _____
_____	_____
<i>number and street name</i>	<i>city or town state zip code</i>

I acknowledge that the results of this search can only be released to myself or the Department of Health and Human Services pursuant to RSA 170-E for the purpose New Hampshire Child Day Care Licensing.

SIGNATURE: _____ DATE: _____
Sign in the presence of a notary

NOTARY ACKNOWLEDGEMENT

State of: _____

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: _____

In witness whereof I hereunto set my official seal.

For official use only

In order to process this request please mail form to:

Child Care Licensing Unit
 Department of Health and Human Services
 129 Pleasant Street Concord, NH 03301