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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 LEGA	L NAME (p	olease pri	nt legibly):			
OTHER NAMES (ALIASES) I HAVE USED, INCLUDING MAIDEN NAME (if applicable):						
ATE OF BIRTH:	month	day	year	TELEPHONE NUMBER:		
URRENT ADDRESS:						
				number and street nam	е	
mailing address if different			city or town	state	zip code	
NAME OF CHILD CARE PROGRAM:			LICENSE NUMBER:			
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 the Department of Health and Human Services pursuant to RSA 170-E for the purpose New Hampshire Child Day Care Licensing.

SIGNATURE:		D ATE:
Sig	n in the presence of a notary	
NOTARY ACKNOWLEDGEMENT		
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 r		
Child Care Licensing Unit Department of Health and Human Serv 129 Pleasant Street Concord, NH 0330		