## STATE OF NEW HAMPSHIRE

Department of Health and Human Services Division for Children, Youth and Families Form 2202a April 2014

## 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 le	egibly):			
OTHER NAMES I HAVE U	JSED, INCLUDING N	MAIDEN NAME (	if applicable):		
DATE OF BIRTH	TELEPHONE NUMBER				
DATE OF BIRTH	month da	y year	_ TELETHO	TE NOMBER	
CURRENT MAILING ADI	DRESS				
NH RSA 170-E, the De Child Welfare Agency results of this search to	epartment of Heal or Private Adoption to be provided to	th and Human on Agency pur the person/age	Services pursua suant to NH RS acy listed below	yself or a Child-Placing ant to NH RSA 170-G:8 SA 169-C:35. I understa w if in compliance with 1 not be sent the results.	i-c, or another state's and and authorize the ather the aforementioned
SIGNATURE:				DATE:	
			ىرل.		. A C.
				ed of Greater Boston	
144 GOVERNOR WENTING	RTH HIGHWAY		LAKE	NH atata	<u>03953</u> zip code
number and street name		city or town		state	zip code
State of		,	County of		, ss.
On this the da	y of	, 20 , befo	ore me,	, th	ne undersigned officer,
		<del></del>	Imoven to ma	(name of notary)	e the person described
personany appeared	(name of person)		, known to me (	(or satisfactorily proven) to b	e the person deserroed
above, and acknowledge					
Signature of notarial offi In witness whereof I here	icer:			My commission expire	es on:
In witness whereof I here	eunto set my official s	eal.		For Official Use onl	1.
				Tor Official Ose on	y
Mail form and a self-ac	ddressed stamped	l envelope to:			
	nildren, Youth and Registry, Thayer				
	treet Concord, NH	_			