



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 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 pursuant to NH RSA 169-C:35. 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: \_\_\_\_\_

NAME AND ADDRESS OF PERSON AND AGENCY TO RECEIVE RESULTS \_\_\_\_\_

\_\_\_\_\_  
*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 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



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Department of Health and Human Services  
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**OTHER NAMES I HAVE USED, INCLUDING MAIDEN NAME** (if applicable): \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **TELEPHONE NUMBER** \_\_\_\_\_  
*month day year*

**CURRENT MAILING ADDRESS** \_\_\_\_\_

I acknowledge that NH RSA 169-C:35 states it shall be unlawful for any employer to require my name to be reviewed against the Central Registry as a condition of employment unless specified in NH RSA 170-E or 170-G:8-c.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

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