STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division of Economic and Housing Stability

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.

CURRENT FULL LEGAL NAME *(please print legibly):* _____

OTHER NAMES (ALIASES) I HAVE USED, INCLUDING MAIDEN NAME *(if applicable)*: _____

_____

DATE OF BIRTH: _____ **TELEPHONE NUMBER:** _____
month day year

CURRENT MAILING ADDRESS: _____

NAME OF CHILD CARE EMPLOYER: _____ **RESOURCE NUMBER:** _____

ADDRESS OF CHILD CARE EMPLOYER: _____

PURPOSE OF THE CHECK:

☐ **NH Lead Agency** for child care providers who receive state funding

☐ **Another State's Lead Agency** for an out-of-state child care 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 Development Block Grant. I understand and authorize the results of this search to be provided to the agency listed above if in compliance with the aforementioned laws. Any entity that is not governed under these laws will not be sent the results.

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

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____
If person signing is under age 18 years old

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:

Bureau of Child Development and Head Start Collaboration
Division of Economic and Housing Stability
129 Pleasant Street Concord, NH 03301