



**DCYF CENTRAL REGISTRY NAME SEARCH AUTHORIZATION  
RELEASE OF INFORMATION TO THIRD PARTY  
INSTRUCTIONS**

According to NH State Statute (RSA 169-C:35) it shall be unlawful for any employer other than those specified in RSA 170-E and RSA 170-G:8-c to require as a condition of employment that the employee submit his or her name for review against the central registry. Any violation of this stipulation shall be punishable as a violation.

DCYF requires that the individual whose name is being run through the Central Registry be aware that their name is being checked. In some circumstances a third party may submit the form on the individual's behalf but the form must be completed by the individual and their signature must be notarized.

**Central Registry Checks  
Third Party  
OUT-OF-STATE**

Under NH law the only out-of-state entities that may request a third party check are:

**Another state's child welfare agency** (Foster and Adoption purposes);

**A private adoption agency, or**

**Child Care Development Fund (CCDF) Lead Agency.**

<https://www.acf.hhs.gov/occ/resource/ccdf-grantee-state-and-territory-contacts>

**HOW DO I REQUEST A  
SEARCH?**

Complete this form.

Have the individual whose name is being checked sign the form authorizing the check.

Have the form notarized by an official notary public.

Mail to:

State of New Hampshire  
Division for Children, Youth and Families  
Central Registry  
129 Pleasant Street  
Concord, NH 03301

The completed form with a cover letter that explains the purpose for the check and a self-addressed, stamped envelope.

\* CCDF Lead Agency

For Child Care Providers please understand the form will NOT be returned to you. It may only be returned to your state's lead agency

**No information regarding unfounded involvement with the Division will be shared.**

**\*\* If you are not an authorized third party in NH we cannot provide you with the results. You will be notified in writing, and the results will be sent to the individual.**



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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