

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
RECORD RELEASE AUTHORIZATION

(RSA 170-B:18, VI and 463:5, VI and 464-A:4, V)

To: Department of Health and Human Services and all its divisions

I hereby authorize the release of any child or adult abuse and/or neglect record that you may find concerning me to the (name of court) _____,

at (address of court) _____

1. Name _____

Mailing address _____

2. Also known by following names (example: maiden name)

3. Date of birth _____

4. List other states where you have resided as an adult and when

Official Use Only

I understand that the information disclosed and provided by you under this request and release authorization is intended for use by the above named court, in conjunction with the above referenced matter and subject to any confidentiality requirements applicable to such legal proceeding.

Date

Signature

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

Date _____ Person Signing Above _____

My Commission Expires _____

Affix Seal, if any

Signature of Notarial Officer / Title

The court requires that the search be conducted and the information be provided as specified above.

PER ORDER OF THE COURT,

Date

Clerk of Court