



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION FOR CHILDREN, YOUTH & FAMILIES**

129 PLEASANT STREET, CONCORD, NH 03301-3857  
603-271-4451 1-800-852-3345 Ext. 4451  
FAX: 603-271-4729 TDD Access: 1-800-735-2964

**Nicholas A. Toumpas**  
Commissioner

**Lorraine Bartlett**  
Director

NEW HAMPSHIRE HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION  
**LICENSE EXEMPT CHILD CARE FORM NH RSA 170-E:4**

LIVESCAN \$14.75

NEW APPLICANT (Fingerprints are required)  
or

RENEWAL (Fingerprints NOT required)

APPLICANTS ARE RESPONSIBLE FOR THIS FEE.  
PAYMENT IS DUE AT THE TIME OF APPOINTMENT.

**SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

**NAME** \_\_\_\_\_  
LAST MAIDEN/ALIAS FIRST MI

**ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**DATE OF BIRTH** \_\_\_\_\_ **HAIR COLOR** \_\_\_\_\_ **EYE COLOR** \_\_\_\_\_ **GENDER** \_\_\_\_\_

**DRIVER LICENSE NUMBER** \_\_\_\_\_ **STATE** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to NH RSA 641:3.

**SECTION II**

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

**NH Division for Children, Youth and Families Bureau of Child Development**  
129 Pleasant Street, Concord NH 03301

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
(AFFIX SEAL) (COMM. EXP.)

Enrollment Specialist, Child Development Bureau, DCYF \_\_\_\_\_ DATE: \_\_\_\_\_  
NAME OF PERSON/FIRM TO RECEIVE RECORD