

Montana Department of Public Health & Human Services  
Child & Family Services Division  
PO Box 8005  
Helena MT 59604-8005

RE: Authorization for Record Search

To Whom It May Concern:

I, \_\_\_\_\_, hereby give permission to Montana  
(Parent or Guardian)

Department of Public Health & Human Services to conduct a search of Montana child abuse and  
neglect registry for my minor child, \_\_\_\_\_.  
(Child's Name)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_

(SEAL)

**CHILDREN AND FAMILY SERVICES DIVISION**