

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)

EXECUTIVE OFFICE

GOVERNOR
Doug Burgum

EXECUTIVE DIRECTOR
Christopher Jones