

**STATE OF NEW HAMPSHIRE
PROOF OF PERMISSION
FOR THE EMPLOYMENT OF A YOUTH AGE 16 OR 17**

Youth's Name: _____ Date of
Birth ____/____/____

(please print) (month, day, year)

Youth's

Address: _____

Street City State Zip

In accordance with Revised Statutes Annotated 276-A:4, VIII,

I, _____, grant permission for my son,
daughter or

(name of parent or legal guardian)

legal ward, named above, to be employed with

(name of employer)

located at

Street City State Zip

In the position of

(description of work activities)

date signature of parent of legal guardian

For information regarding the requirements of RSA 276-A, the New
Hampshire

Youth Employment Law, please contact the New Hampshire Department of
Labor

at (603) 271-0127, 271-6294, or 271-1492.