New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
10 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

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

NAME _____
LAST, (MAIDEN), FIRST, MI.

ADDRESS _____
STREET, CITY, STATE, ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____

DRIVER LICENSE NUMBER _____ STATE _____

By signing below you are certifying that you are the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falisfication pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED **OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

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

_____
NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS _____
STREET, CITY, STATE, ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) **(Comm. Exp.)**

_____ DATE _____
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE:
A $10.00 fee is required for each request - Make checks payable to: State of NH - Criminal Records