New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 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 / ALIAS) FIRST MI

ADDRESS_____
STREET CITY STATE ZIP CODE

DATE OF BIRTH_____ HAIR COLOR_____ EYE COLOR_____ SEX_____

DRIVER LICENSE NUMBER_____STATE_____

PURPOSE FOR RECORD: ☐ Housing ☐ Employment ☐ Annulment/Expungement ☐ Other_____
Specify

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

YOUR SIGNATURE:_____ DATE_____
Signed under penalty of unsworn falsification pursuant to 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 individual:

Marilyn G. Doe/Department of Health & Human Services
NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS 129 Pleasant Street Concord NH 03301
STREET CITY STATE ZIP CODE

YOUR SIGNATURE_____DATE_____

NOTARY'S SIGNATURE_____ DATE_____
(AffixSeal) **(Comm Exp.)**

_____DATE_____
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE: A $25.00 fee is required for each request - make checks payable to: State of NH – Criminal Records