



State of New Hampshire Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

LICENSE EXEMPT CHILD CARE FORM NH RSA 170-E: 7 II

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

NAME _____

LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____

STREET CITY STATE ZIP CODE

ALL previous last names: _____

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____

SEX _____ DRIVER LICENSE NUMBER _____ STATE _____

Telephone Number _____

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

YOUR SIGNATURE: _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3

SECTION II

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

DHHS DCYF Child Development Bureau

129 Pleasant Street, Concord, NH 03301

YOUR SIGNATURE _____

DATE _____

NOTARY'S SIGNATURE _____

DATE _____

(AFFIX Seal)

(comm.. Exp.)

Enrollment Specialist DCYF Child Development Bureau

PERSON/ENTITY TO RECEIVE RECORD _____

DATE _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction.(f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

LIVESCAN \$12.00

- Payment payable to: **State of NH – Criminal Records**
- This notarized form with original signatures.

Mail to:

NH State Police, Criminal Record Unit
33 Hazen Drive
Concord, NH 03301

Child Care Provider: _____

Resource Identification #: _____

Provider's Physical Address (Street, City, State, Zip) _____

Mailing Address (Street or PO Box, City, State, Zip) _____