



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 _____

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

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to NH 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:

NAME OF PERSON / FIRM TO RECEIVE RECORD _____
ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____
YOUR SIGNATURE _____ DATE _____
NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD _____ DATE _____

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