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

** Complete Section 1 only. Section 2 must be signed in front of a notary **

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.)**

_____ 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.