

## 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		T 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	STATE	
PURPOSE FOR RECORD: [	☐ Housing ☐ Employment ☐ A	annulment/Expungement□	Other	
My below signature co	ertifies I am the individual listed abo	ove and that the information p	provided is true.	
YOUR SIGNATURE:		DATE		
Si	gned under penalty of unsworn falsifica	tion pursuant to NH RSA 641:3		
ALL O	SECTION AILED TO YOU, OR RECEIVE F SECTION II MUST	T BE COMPLET	ΓED	
Thereby admonze the rele	sase of my chiminal record co	inviction(s), if any, to the	e lollowing marvidual.	
NAME OF PERSON / FIRM	I TO RECEIVE RECORD			
ADDRESS				
ADDRESSSTREET	CITY	STATE	ZIP CODE	
YOUR SIGNATURE			DATE	
NOTARY'S SIGNATURE			DATE	
	(Affix Seal)		(Comm. Exp.)	
			DATE	
SIGNATURE OF PERSON	/ FIRM TO RECEIVE RECO	ORD		

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