



State of 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 OF RECORD:  Housing  Employment  Annulment/Expungement  Other: \_\_\_\_\_

My signature below 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 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 \_\_\_\_\_

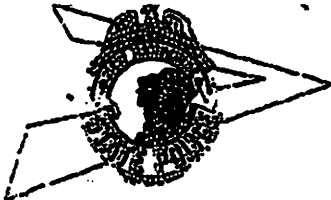
ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP CODE

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



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

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Signed under penalty of perjury in violation pursuant to RSA 941:3

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