



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 STATE ZIP CODE

**YOUR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NOTARY'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Affix Seal) (Comm. Exp.)

\_\_\_\_\_  
**SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD** \_\_\_\_\_ **DATE** \_\_\_\_\_