



New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
 Central Repository for Criminal Records  
 10 Hazen Drive  
 Concord, NH 03305

**CRIMINAL RECORD RELEASE AUTHORIZATION FORM**

PLEASE TYPE OR PRINT CLEARLY  
**SECTION I**

NAME: \_\_\_\_\_  
LAST, (MAIDEN), FIRST, ML

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

DATE OF BIRTH: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and unsworn falsification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II**

**"AUTHORIZATION TO RELEASE CRIMINAL CONVICTION RECORD INFORMATION"**

I hereby authorize the release of my criminal conviction record information to:

NAME: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Affix Seal)

(Comm. Exp.)

Recipient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_