

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

CRIMINAL RECORD RELEASE AUTHORIZATION

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 _____
Specify

My below signature certifies that 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 THIS 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

NOTE: A \$25.00 fee is required for each request – make checks payable to SIG SAUER Academy