



**State of New Hampshire** Criminal Records Unit  
 Department of Safety  
 DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

**CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM**

**INSTRUCTIONS**

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

**SECTION I** (PLEASE PRINT CLEARLY)

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 the information provided is true

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:3

\_\_\_\_\_  
 SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD DATE

**SECTION II**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

\_\_\_\_\_  
 NAME OF PERSON/ENTITY TO RECEIVE RECORD

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

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

\_\_\_\_\_  
 NOTARY'S SIGNATURE DATE  
(AFFIX Seal) (comm.. Exp.)

**RECORD CHALLENGE**

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

To prevent a delay in processing, I have enclosed a self-addressed envelope.  Prepaid Acc't Number \_\_\_\_\_

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



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### SECTION I (PLEASE PRINT CLEARLY)

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 the information provided is true

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:3

SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD \_\_\_\_\_ DATE \_\_\_\_\_

### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON/ENTITY TO RECEIVE RECORD \_\_\_\_\_

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

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

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(AFFIX Seal) (comm.. Exp.)

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To prevent a delay in processing, I have enclosed a self-addressed envelope

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Central Repository for Criminal Records

**CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM**

**INSTRUCTION SHEET**

**The state police Criminal Records Unit has revamped the authorization form to obtain Criminal History Record Information (CHRI) record checks. The revamped request form will replace all previous forms currently being used. Please substitute the attached revised form for what you have been using. An updated electronic version is also on the Criminal Records Unit website.**

The below step by step instructions will assist you in completing the form:

1. This section requires the name and Personal Identifying Information (PII) of the individual of whom you are requesting a criminal history record. Please print the last name, maiden (if applicable), first and middle initial; the physical address, date of birth, hair and eye color, sex, and state and number of the driver's license.
2. This section identifies the reason why a CHRI is being requested. The majority of CHRI requests are for housing, employment, or annulment purposes; all other reasons should be noted on the "other" line. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the individual identified in step 3.
3. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the individual identified in step 1.
4. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the school individual identified in step 1.
5. The Notary's signature and seal signifies that the Releasee's identity has been validated.
6. In New Hampshire, under the authority of Administrative Rule Saf-C 5703.12, anyone with a criminal history record has the right to challenge that record if he or she believes it may contain inaccurate information.
7. Enclosing a self-addressed envelope will enable a more timely return.



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## REDUCED FEE REQUEST FORM

SECTION 5703.07 **Fee Exemption** of the *Rules and Regulations for the Operation of the Central Repository*: (d) Volunteers for public or private not-for-profit agencies that provide services to the elderly, the disabled or children shall be charged \$10.00 for each criminal record check requested.

### PLEASE PRINT OR TYPE CLEARLY

**NAME** \_\_\_\_\_  
ORGANIZATION OR AGENCY

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

**TELEPHONE NUMBER** \_\_\_\_\_ **FAX NUMBER** \_\_\_\_\_

IS AGENCY OR ORGANIZATION NON-PROFIT? YES \_\_\_\_\_ NO \_\_\_\_\_

IS THE REQUESTED PERSON(S) A VOLUNTEER? YES \_\_\_\_\_ NO \_\_\_\_\_

WILL THE SERVICES BE TO THE ELDERLY, THE  
DISABLED, OR CHILDREN? YES \_\_\_\_\_ NO \_\_\_\_\_

The Identity of the volunteer for whom this reduced fee is requested:

\_\_\_\_\_ who will be working with:  
NAME OF VOLUNTEER (please print)  Elderly  
 Disabled  
 Children

THE ABOVE INFORMATION IS ACCURATE AND TRUE:

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR THE AGENCY OR ORGANIZATION  
Signed under penalty of unsworn falsification pursuant to RSA 641:3

**NOTE: This form *must* be accompanied by a completed Criminal Record Release Authorization Form.**

**Effective 1/01/2009**