



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 Softball

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:
Dawn Melanson- South JR Deb Softball

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS 207 Cottage road Manchester NH 03103
STREET CITY STATE ZIP CODE

xx **YOUR SIGNATURE** _____ **DATE** _____

NOTARY'S SIGNATURE _____ **DATE** 02/06/18
(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.