

FOR OFFICIAL USE ONLY

NEW HAMPSHIRE

REQUIRED FORMS

- New Hampshire Request Form
- OPM General Release Form

INSTRUCTIONS FOR SUBMISSION

- The subject of the investigation must complete the New Hampshire Request Form. This form is required to search the New Hampshire State Criminal Repository and fulfill the requirements of Public Law 101-647.

REQUIRED FIELDS

- Please ensure all required fields on the form is complete, otherwise, this could result in a return of the form from the state repository

SIGNATURE REQUIREMENTS

- Subject is required to date and sign the request form in front a notary public.
- Please leave line at the bottom of the form for Signature of Person/Firm to receive record & date blank

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:
U.S. Office of Personnel Management, Federal Investigative Services

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS PO BOX 618 Boyers PA 16018
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD _____ DATE _____

← Subject's signature

← Subject's signature

← Notary's signature

← LEAVE BLANK

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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:
Defense Counterintelligence and Security Agency (DCSA)

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS: PO Box 618 Boyers PA 16018
STREET CITY STATE ZIP CODE

YOUR SIGNATURE: _____ **DATE:** _____

NOTARY'S SIGNATURE: _____ **DATE:** _____
(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.