



State of New Hampshire

DEPARTMENT OF SAFETY

Richard M. Flynn, Commissioner of Safety

Division of State Police

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305

271-2575

Speech/Hearing Impaired
TDD Access: Relay NH
1-800-735-2964

Colonel Frederick H. Booth

Dear Sir/Madam:

The Criminal Records Central Repository collects and distributes criminal history record information (CHRI). CHRI consists of descriptions and notations of arrests, detentions, indictments, information's, formal criminal charges and subsequent dispositions. CHRI is forwarded to the repository from criminal justice agencies throughout the state. In addition, the repository tracks information pertaining to sentencing, correctional supervision and release.

Several tiers of rules govern the collection and dissemination of CHRI including the Code of Federal Regulations, the New Hampshire Code of Administrative Rules and state statutes to include RSA 106-B:14 and RSA 106-B:7,1(b). Based upon these rules, law enforcement personnel, or an individual requesting his or her own CHRI, will receive both non-conviction and conviction data. Additionally, any individual or agency may receive the **CONVICTION INFORMATION** of another, provided they produce a notarized **CRIMINAL RECORD RELEASE AUTHORIZATION FORM** signed by the individual whose record is sought.

To assist you with this transaction, I have enclosed a copy of the required **CRIMINAL RECORD RELEASE AUTHORIZATION FORM**. ***FAX OR TELEPHONE REQUESTS WILL NOT BE ACCEPTED***. Requests by mail **MUST HAVE SECTION II COMPLETED**. You may copy the Criminal Record Release Authorization Form as your needs dictate. A fifteen dollar (\$15.00) fee is charged for **EACH** record request. Please make checks payable to **NHSP-CRIMINAL RECORDS**.

To expedite the return of your request, please include a typed self-addressed envelope.

Please feel free to visit our website at www.state.nh.us/safety/nhsp/, or if you have any questions, please call (603) 271-2538. Thank you for your anticipated cooperation.

Sincerely

Jeffrey R. Kellett, Administrator
State Police Criminal Records Unit

Enclosure



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 _____
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 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:

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 DATE _____

NOTE: A \$15.00 fee is required for each request - make checks payable to: State of NH – Criminal Records