

The State of New Hampshire



Department of State

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I PLEASE TYPE OR PRINT CLEARLY

Name:

Last (Maiden) First Middle

Address:

Street City State Zip code

Date of Birth: Hair Color: Eye Color:

Driver License Number: State:

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and unsworn falsification.

Signature: _____ Date: _____

SECTION II AUTHORIZATION TO RELEASE CRIMINAL CONVICTION RECORD INFORMATION

I hereby authorize the release of my criminal conviction record information to:

New Hampshire Secretary of State
107 North Main Street, Room 204
Concord, N.H. 03301

Applicant's Signature: _____

Signed before me this _____ day of _____, 20____.

seal

Notary Public/Justice of the Peace

(Commission expiration date)

Recipient's Signature: _____
Deputy Secretary of State