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_____

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:

MARY ELLEN D'INTINO DIOCESE OF MANCHESTER
NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS 153 ASH STREET MANCHESTER NH 03104
STREET CITY STATE ZIP CODE

YOUR SIGNATURE_____ DATE_____

NOTARY'S SIGNATURE_____ DATE_____
(Affix Seal) (Comm. Exp.)

Mary Ellen D'Intino / DIOCESE OF MANCHESTER DATE_____
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

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

PARISH/SCHOOL: _____ TOWN:_____

CHECK ONE: ____ PARISH EMPLOYEE ____PARISH VOLUNTEER ____SCHOOL VOLUNTEER

Do not use this form for Catholic School employees under RSA 189:13a (fingerprinting)