

New Hampshire Department of Safety
Release Instructions

1. Fill out section 1 completely
2. Fill out and notarize section 2 except the last line – “Signature of Person / Firm to Receive Record.”
3. Mail completed original notarized release to Applicant Insight. The New Hampshire Department of Safety will not accept copies.



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:

Applicant Insight

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS 5396 School Rd New Port Richey FL 34652
 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.