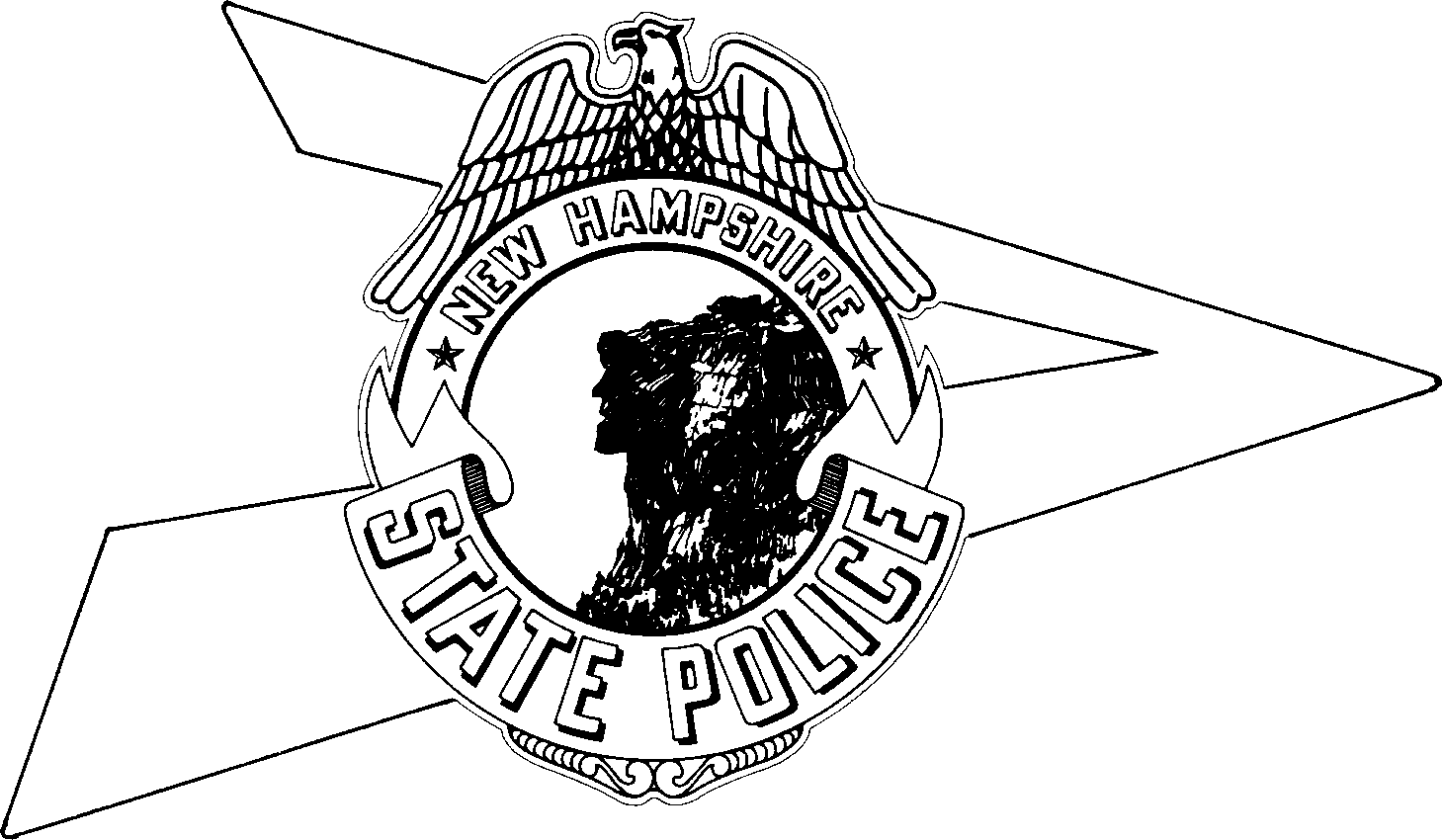
## New Hampshire Department of Safety



**NEW HAMPSHIRE HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION**

**BDS Area and Vendor Agencies for Developmental Services**

**DIVISION OF STATE POLICE**

**Central Repository for Criminal Records**

## 33 Hazen Drive, Concord, NH 03305

**New Hampshire Criminal History Record Fee: $15.00**

# 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 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:

COMMUNITY PARTNERS FOR CHANGE, INC

NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS

22 GREELEY ST., SUITE 5, MERRIMACK, NH 03054 STREET CITY STATE ZIP

YOUR SIGNATURE DATE

NOTARY’S SIGNATURE DATE

**(Affix Seal) (Comm. Exp.)**

DATE

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

## NOTE: Make checks payable to: State of NH – Criminal Records.

REVISED 7/2009