



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 VOLUNTEER

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:

MILFORD UNITED METHODIST CHURCH
 NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS 327 NORTH RIVER RD. MILFORD, NH 03055
 STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

[Signature] DATE 6/1/2015
 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.



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REDUCED FEE REQUEST FORM

SECTION 5703.07 **Fee Exemption** of the *Rules and Regulations for the Operation of the Central Repository*: (d) Volunteers for public or private not-for-profit agencies that provide services to the elderly, the disabled or children shall be charged \$10.00 for each criminal record check requested.

PLEASE PRINT OR TYPE CLEARLY

NAME MILFORD UNITED METHODIST CHURCH
ORGANIZATION OR AGENCY
ADDRESS 327 NORTH RIVER Rd. MILFORD, NH 03055
STREET CITY STATE ZIP CODE
TELEPHONE NUMBER (603) 673-2669 FAX NUMBER

IS AGENCY OR ORGANIZATION NON-PROFIT? YES NO
IS THE REQUESTED PERSON(S) A VOLUNTEER? YES NO
WILL THE SERVICES BE TO THE ELDERLY, THE DISABLED, OR CHILDREN? YES NO

The identity of the volunteer for whom this reduced fee is requested:

NAME OF VOLUNTEER (please print)

who will be working with:

- Elderly
 Disabled
 Children

THE ABOVE INFORMATION IS ACCURATE AND TRUE:

Authorized Signature  Date 6/1/2015
FOR THE AGENCY OR ORGANIZATION
Signed under penalty of unsworn falsification pursuant to RSA 641:3

NOTE: This form *must* be accompanied by a completed Criminal Record Release Authorization Form.

Effective 1/01/2009