

New Hampshire Department of Safety DIVISION OF STATE POLICE Central Repository for Criminal Records

Central Repository for Criminal Records 33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE	OR PRINT CLEAF	RLY, ALL INFORMATION	N IN THIS SECTION MUS	ST BE COMPLETED	
NAME					
LAS	T	(MAIDEN/ALIAS)	FIRST	MI	
ADDRESS		CITY			
STR	EET	CITY	STATE	ZIP CODE	
DATE OF BIRTH		HAIR COLOR	EYE COLOR	SEX	
DRIVER LICE	NSE 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: Janet Verville-Clough (President), Freedom Hill Cooperative, Inc					
NAME OF PERSON / FIRM TO RECEIVE RECORD					
ADDRESS	11 Redwood Rd,	Loudon	NH	03307	
	STREET	CITY	STATE	ZIP CODE	
YOUR SIGNATURE				DATE	
NOTARY'S SIGNATURE				DATE(Comm. Exp.)	
		(Affix Seal)		(Comm. Exp.)	
				_DATE	
SIGNATURE OF	F PERSON / FIR	M TO RECEIVE REC	ORD		