



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)