



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male ☐ Female ☐

Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____

Signed under penalty of unsworn falsification pursuant to RSA 641:13

PURPOSE OF RECORD

☐ Housing ☐ Employment ☐ Annulment/Expungement ☐ Other _____

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Person or Entity to Receive Record _____

Address _____ City _____ State _____ Zip _____

Your Signature _____ Date _____

Notary's Signature _____ Date _____

(Affix seal)

Signature of person/entity to receive record _____ Date _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

☐ To prevent a delay in processing, I have enclosed a self-addressed envelope.

☐ Prepaid Acc't Number _____

A \$25.00 fee is required for each request. Make checks payable to: State of NH – Criminal Records.

STEP 4**Notary Public or Justice of the Peace
Acknowledgment**

This Acknowledgment is required to be signed by the record holder **ONLY** if the record holder is authorizing someone else to get the requested information.

If the requestor is asking for his/her own information, this section **DOES NOT** need to be completed, and you may proceed to Step 6.

I am the record holder and I authorize my record to be released to the requester listed in Step 3:

Signature of record holder

Date: ____/____/____

State of _____, County of _____, ss. Date: ____/____/____

The above named _____ personally appeared and made oath that the above declaration by him/her is true.

Notary Public/Justice of the Peace

_____/_____/_____
Commission expires

Affix Seal

STEP 5

Intended Use of Information: To be completed **only** if you are a member of a bank or lienholder, a tow company, a private investigator licensed by this state, an employer, an insurance company, a public utility, or a law firm/lawyer, all pursuant to RSA 260:14 (see sections below).

For use in connection with any **civil, criminal, administrative or arbitral proceeding**. [RSA 260:14, V(a)(2)].

Docket#: _____ Court: _____

By a **bank or similar institution** to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14, V(a)(3)].

For providing notice to the owner(s) of a **towed or impounded vehicle** [RSA 260:14, V(a)(5)]

For providing notice to the owner(s) for **storage** or a **Mechanic's Lien**

For use by any **private investigative agency or security service** licensed by this state for any purpose permitted pursuant to RSA 260:14, V(a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14 V(a)(8). Indicate specific reason here: _____ [RSA 260:14, V(a)(6)].

By an **employer or its agent or insurer** to obtain or verify information relating to a holder of a commercial drivers license [RSA 260:14, V(a)(7)].

By a **public utility** to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V(a)(9)].

For an **insurance company** or its authorized agent [RSA 260:14, IV(a)(2)].

For use by a **life insurance company** authorized to write life insurance policies, or its authorized agent. In checking this, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating and underwriting. [RSA 260:14, V(a)(10)]. Initial here: _____

**Requirements for a
Certificate of Authority:**

1. Must be on company letterhead.
2. Must list the types of DMV documents you want.
3. Must state what you intend to do with the DMV documents named.
4. Must name employees who may make requests in person/mail for your company, if any.
5. Must be signed by the attorney/owner/principal.
6. The NH DMV must have a new C.O.A. each calendar year. All expire December 31st.
7. All requests requiring a C.O.A. must be completed at Concord DMV.

STEP 6**IMPORTANT!!! Please read the penalty clause below:**

RSA 260:14, IX states as follows: (a) A person is guilty of a misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

STEP 7**Signature (this step is required):**

I have read the NH law RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to NH law RSA 641:3 and subject to the penalties specified in NH law RSA 260:14, IX.

Signature of Requestor: _____ Date: ____/____/____

STEP 8**Submit your request:**

- **Mail:** NH DMV, 23 Hazen Drive, Concord NH 03305 (Please indicate "DSMV 505" on the envelope).
- **In person:** You are required to bring photo identification that has not been expired for more than 3 years.
- **Payment:** Please make checks payable to: "State of NH – DMV."

BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F: 49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you might find concerning me to: ***(This portion must be filled out in order to be processed.)***

Employer name: _____

Mailing address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

For Official Use Only

Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last name: _____ First name: _____ Middle Initial: ____

Mailing address: _____ City/State/Zip: _____

Telephone _____ Gender: ☐ Female ☐ Male

Also known by the following names (Maiden name, etc.):

Last name: _____ First name: _____ Middle Initial: ____

Last name: _____ First name: _____ Middle Initial: ____

Date of Birth: Month: _____ Day: _____ Year: _____ Social Security #: _____

(Required)

(Optional)

Position: _____ Select one: ☐ Applying ☐ Current Position

☐ Employee ☐ Consultant ☐ Volunteer ☐ Other: _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

(Required)

Fax to: (603) 271-6875 or Mail to: BEAS State Registry, 129 Pleasant Street, Concord, NH 03301

For more information, Visit: <https://www.dhhs.nh.gov/dcbcs/beas/registry.htm>,

Call: (603) 271-8154 or Email: BEASStateRegistry@dhhs.nh.gov

***This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F:49.**