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

SCHOOL EMPLOYEE BACKGROUND INVESTIGATION – RSA 189:13-a

I hereby authorize the New Hampshire Department of Safety, Division of State Police to release whether or not I have been convicted of any offenses pursuant to RSA 189:13-a, Section V. This information shall be released to:

SUPERINTENDENT OF SCHOOLS
School Administrative Unit #53
267 Pembroke Street
Pembroke, NH 03275

(Name and address of authorized representative of the employing school administrative unit, school district, charter school, or other person to receive Criminal History Record response)

PLEASE TYPE OR PRINT CLEARLY

Name:_____
LAST (MAIDEN) FIRST MI

Address:_____
STREET CITY STATE ZIP

Date of Birth:_____/_____/_____ Social Security # (optional):_____/_____/_____

By signing below you are certifying that you are the individual listed above and that the information provided is true under pe nalty of forgery and/or unsworn falsification.

Releasee's Signature: _____ Date: _____/_____/

Notary's Signature:_____ Date:_____/_____/_____
(Affix seal)

Fees: ☐ **LIVESCAN - $34.25** ***- or-*** ☐ **INKED - $45.25 for Employees and $22.75 for Volunteers**

- **Applicant fingerprint card must be submitted at the same time as payment and this form.**
- **Make checks payable to: State of NH – Criminal Records**