



NH State Police Search Instructions

To order a NH State Police Search, please follow these instructions:

1. Order the NH State Police Search (or a package containing this search) through your NCS account.
2. Have the applicant complete the attached Authorization Form. **Please NOTE that Section I must be signed and that Section II must be signed and notarized.**
3. Mail the completed form to:
NCS
3452 E. Joyce Blvd.
Fayetteville, AR 72703

The results will be uploaded to your online account and an e-mail will be sent to you as soon as the results are available. Expect about 7-12 business days to receive your results.

Priority processing is available for an additional charge. Please contact NCS for more information or if you have any questions regarding this search.

Phone: 888-527-3282

E-mail: support@nationalcrimesearch.com

Thank you for your business.

Sincerely,

NCS

Your Background Screening Partner



State of 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 OF RECORD: Housing Employment Annulment/Expungement Other: _____

My signature below 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 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:

NAME OF PERSON/FIRM TO RECEIVE RECORD _____

ADDRESS _____
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

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

SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD DATE _____