CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM INTRUCTIONS NH RSA 106-11 and Administrative Rule Safe (200 authorizes the dissemination of HI 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 for non-criminal Justice purposes. In NH, all CHRI Is confidential and released only upon the knowledge and permission of the file file to be released to a shift aparty, both Section 11 must be completed. All requests by mail must have both sections completed and Section 11 netarized, (not required). SECTION I (PLEASE PRINT CLEARLY) Last Name First Name Maide Permale Date of Birth Hair Color Eyo Color Maile Permale Driver's License Number State Zip Wy signature below signifies I am the individual listed above and the information provided is true. Signature Signature Section II Outer Section I I hereby authorize the release of my criminal record conviction(s), if any, to the following: Person or Entity to Recorde DioCesse of Manchester Vour Signature Date Date Signature of person/entity to receive record Date Signature of person/entity to receive record DioCesse of Manchester State NH Zip O3104 Vour Signature		Departm	of New Ha ent of Safety I OF STATE POL	•	Criminal Records Unit 33 Hazen Drive, Concord, NH 03305			
NH RSA T064:14 and Administrative Rule Saf-C 3700 authorizes the dissemination of NH Criminal History Record Information (CHRI) If is not received in person one doing complete Safetion 1. If is not received in person one doing complete Safetion 1. If is not received in person one doing complete Safetion 1. If is not received in person one doing complete Safetion 1. If is not received in person one doing complete Safetion 1. If is not received in person one doing complete Safetion 1. If is not received in person one doing complete Safetion 1. If is not received in person one doing complete Safetion 1. If is not received in the individual Safetion 1. If is not received in person one doing complete Safetion 1. If is not received in the individual Safetion 1. If is not received in the individual Safetion 1. If is not received in the individual Safetion 1. If is not received in the individual Safetion 1. If is not received in the individual Safetion 1. If is not receive is not rec		CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM						
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Address		SECTION I (PLEASE PRINT CLEARLY)						
Date of Birth		Last Name	First Name	Maide	en	MI		
Driver's License Number		Address	City		State	_Zip		
My signature below signifies 1 am the individual listed above and the information provided is true.		Date of Birth	Hair Color	Eye Color		Male Female		
Signature		Driver's License Number		State				
PURPOSE OF RECORD Housing Employment Annulment/Expungement other_Volunteer SECTION II I hereby authorize the release of my criminal record conviction(s), if any, to the following: Person or Entity to Receive Record_DioCesse of Manchester Address 153 Ash Street		My signature below signifies I am the	My signature below signifies I am the individual listed above and the information provided is true.					
Housing Employment Annulment/Expungement Other_Volunteer SECTION II I hereby authorize the release of my criminal record conviction(s), if any, to the following: Person or Entity to Receive Record_DioCeSe of Manchester	>Signature Signed under penalty of unsworn falsification pursuant to RSA 641:13							
SECTION II I hereby authorize the release of my criminal record conviction(s), if any, to the following: Person or Entity to Receive Record Diocesse of Manchester Address 153 Ash Street City Manchester State NH zip 03104 Your Signature Date Notary's Signature(nor required) Date Signature of person/entity to receive record Diocesse of Manchester Date Notary's Signature (nor required) Date Bafe 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 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 subink the following actions within 30 days of receipt of challenge: (1) Review the information to therminism which is addid, which meast 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 shall a shall be normed 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 laws the person are discreption addit, which meast the facts, dates, and results of each formal strue strue when thormation that record shall be corrected and the person addition that record hashall b								
I hereby authorize the release of my criminal record conviction(s), if any, to the following: Person or Entity to Receive Record_DioCesse of Manchester Address_153 Ash Street City_Manchester_State_NH_zip_03104 Vour Signature		Housing Employment	Annulmen	t/Expungement	Other	Volunteer		
Address 153 Ash Street City_Manchester State NH zlp_03104 **** Your Signature Date		I hereby authorize the release of my crim						
Address 153 Ash Street City_Manchester State NH zlp_03104 **** Your Signature Date		Person or Entity to Receive Record Dioc	on or Entity to Receive Record Diocese of Manchester					
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Signature of person/entity to receive record Diocese of Manchester		> Your Signature	/our Signature			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 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 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. The Director shall 180018034 A \$25.00 fee is required for each request. Make checks payable to: State		Notary's Signature(not required)		Date				
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