

RELEASE COVER SHEET

Please return promptly to avoid delay in processing your order

To: Operations
Attention: Order Screening

From: TN Dept. of Human Services
Re: NH Statewide Criminal Search

Name of Applicant: _____

Order Number: _____

Applicant

In order to have your New Hampshire Statewide Criminal search performed, you must complete the attached form in its entirety, following the below instructions and submit to CastleBranch for processing. *Failure to follow instructions exactly as specified could result in your release being rejected and/or a delay of your request.*

Complete Required Release Form

- Complete all information in Section I, leaving nothing blank. *Failure to complete all fields will result in your release being rejected which will delay your background check.*
 - » List your full legal name (Last, Maiden/Alias, First, MI)
 - » List your full current physical address
 - » List all the remaining personal identifying information:
 - » Date of birth, hair color, eye color, sex, driver's license number and state of driver's license.
- Under "Purpose of Record" you must circle the appropriate response.
 - » This is typically either "Employment" or "Other"
 - » If you choose "Other" you must explain the reason for your request (i.e. University Enrollment, Clinical Work, etc.).
- You will sign and date under Section I and Section II where it says "Your Signature".
 - » **DO NOT** sign where it says "Signature of person/entity to receive record".
 - » **DO NOT** send any payment with your release. CastleBranch handles the payment.
- **IMPORTANT:** Due to the COVID-19 pandemic, the state of NH is currently waiving the requirement for notarization. The notarization of the form is not required at this time.

Submit Your Release to CastleBranch

- Once you have completed your form, submit the signed form to CastleBranch for processing via:
 - » email: expedite@castlebranch.com or fax: 910.343.9731



State of New Hampshire Criminal Records Unit
 Department of Safety
 DIVISION OF STATE POLICE

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)

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 the information provided is true

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

 SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD DATE

SECTION II

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

Castle Branch Inc

NAME OF PERSON/ENTITY TO RECEIVE RECORD _____
 ADDRESS **1844 Sir Tyler Drive, Wilmington, NC 28405**
STREET CITY STATE ZIP CODE

 YOUR SIGNATURE DATE

 NOTARY'S SIGNATURE DATE
(AFFIX Seal) (comm.. Exp.)

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.