



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

**NEW HAMPSHIRE HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION
ADOPTIVE/ FOSTER PARENTS FORM NH RSA 170-E:29**

Fee: \$10.00

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** _____

My below signature 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 NH 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:

Melissa Wardner / NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS **129 PLEASANT STREET, 4TH FLOOR CONCORD NH 03301**
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ **DATE** _____

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

DATE _____

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE: Make checks payable to: State of NH – Criminal Records.

District Office/Child Placing Agency: Wide Horizons For Children (144 Moody Street, Building 24, Second Floor, Waltham, MA 02453)