



NH State Police Search - Volunteer Instructions

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

1. Order the NH State Police Search - Volunteers (or a package containing this search) through your NCS account.
2. Have the applicant complete the attached Criminal Record Release Authorization Form. Please NOTE that Section I must be signed and that Section II must be signed and notarized.
3. You will also need to complete and sign the Reduced Fee Request Form.
4. Mail the completed forms 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](mailto: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 _____



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

REDUCED FEE REQUEST FORM

SECTION 5703.07 **Fee Exemption** of the *Rules and Regulations for the Operation of the Central Repository*: (d) Volunteers for public or private not-for-profit agencies that provide services to the elderly, the disabled or children shall be charged \$10.00 for each criminal record check requested.

PLEASE PRINT OR TYPE CLEARLY

NAME _____
ORGANIZATION OR AGENCY

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER _____ FAX NUMBER _____

IS AGENCY OR ORGANIZATION NON-PROFIT? YES _____ NO _____

IS THE REQUESTED PERSON(S) A VOLUNTEER? YES _____ NO _____

WILL THE SERVICES BE TO THE ELDERLY, THE
DISABLED, OR CHILDREN? YES _____ NO _____

The Identity of the volunteer for whom this reduced fee is requested:

NAME OF VOLUNTEER (please print)

who will be working with:

- Elderly
 Disabled
 Children

THE ABOVE INFORMATION IS ACCURATE AND TRUE:

Authorized Signature _____ Date _____

FOR THE AGENCY OR ORGANIZATION
Signed under penalty of unsworn falsification pursuant to RSA 641:3

NOTE: This form *must* be accompanied by a completed Criminal Record Release Authorization Form.

Effective 1/01/2009