



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 Section I and Section II of the attached Criminal Record Release Authorization Form.
3. You will also need to complete and sign the attached Reduced Fee Request Form.
4. Email the completed forms to support@nationalcrimesearch.com or fax to 800-571-6303.

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 2 - 3 business days to receive your results.

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

Criminal Records Unit

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.

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:

County House Research (on behalf of National Crime Search)

NAME OF PERSON/ENTITY TO RECEIVE RECORD _____

ADDRESS 1500 JFK Blvd, Ste 330 Philadelphia PA 19102
STREET CITY STATE ZIP CODE

YOUR 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 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.



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