



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 FOR RECORD: Housing Employment Annulment/Expungement Other _____

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:
Shelly Ling, Director LNA Health Careers, LLC

NAME OF PERSON / FIRM TO RECEIVE RECORD _____
ADDRESS _____
22 Concord St. #3, Manchester NH 03101
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

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

Shelly Ling LNA Health Careers, LLC DATE _____
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD