

PLEASE CALL 223-3867 FOR APPOINTMENT OPTION #3 THEN OPTION #2



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

CRIMINAL HISTORY RECORD RELEASE FORM

SCHOOL EMPLOYEE/VOLUNTEER CRIMINAL HISTORY RECORD CHECK – RSA 189:13-A

I hereby authorize the New Hampshire Department of Safety, Division of State Police to notify the Superintendent/Chief Executive Officer of an employing school administrative unit, school district, chartered public school, public academy, or non-public school of the presence of any Felony and/or Misdemeanor Criminal History Record Conviction pursuant to RSA 189:13-a.

CHRI RELEASED TO:
SAU 13

Name of SAU LOUIS J. GOSCINSKI SR

Superintendent/Chief Executive Officer
881A TAMWORTH ROAD
Address
TAMWORTH, NH 03886

SAU # SAU #13

Employee

Volunteer

Prepaid Account Number _____

CHRI TO BE REQUESTED ON:

Name: _____
LAST (MAIDEN) FIRST MI

Address: _____
STREET CITY STATE ZIP

Date of Birth: ____ / ____ / ____ Social Security # (optional): ____ / ____ / ____

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and/or unsworn falsification.

Releasee's Signature: _____ Date: ____ / ____ / ____

Notary's Signature: _____ Date: ____ / ____ / ____
(Affix seal)

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.

Fees: LIVESCAN - \$47.00 -or- INKED - \$47.00 for Employees and \$20.75 for Volunteers

- Fingerprint card or completed livescan form must be submitted at the same time as payment and this form.
- Make checks payable to: State of NH – Criminal Records



State of New Hampshire

DEPARTMENT OF SAFETY

John J. Barthelmes, Commissioner of Safety

Division of State Police

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305

223-8813

Speech/Hearing Impaired
TDD Access: Relay NH
1-800-735-2964

Colonel Christopher J. Wagner

APPLICANT LIVESCAN SITE FORM

Revised December 13, 2016

_____, _____ upon showing positive identification, was fingerprinted by livescan
(Name of Applicant/Licensee) (Applicant's DOB)

technology at _____ on _____ at _____
(Location) (Date) (Time)

by _____. The Tracking Number for this transaction is _____.
(Name/Signature of Official Taking Fingerprints)

IMPORTANT: Applicants are responsible for the submission of their state criminal history authorization, accompanied by this form and all fees required to process this request. The fingerprint submission will not be forwarded to the FBI for processing until State Police has received all necessary documents and fees associated with this request.

Fingerprint submissions will only be held for 30 days. Failure to submit your documents and fees will result in the delay of your licensing or employment opportunities as fingerprint images will be deleted after 30 days.

(Applicants Signature)

Please select one of the following reasons for fingerprinting.

Circle one:

Employee

Volunteer

- | | |
|--|--|
| <input type="checkbox"/> Alcohol & Other Drug Professionals/RSA 330-C | <input type="checkbox"/> Education (Emp./ Vol.) RSA 189:13-a SAU _____ |
| <input type="checkbox"/> Applicants to Practice Medicine/RSA 329:11a | <input type="checkbox"/> Emergency Medical & Trauma Serv. RSA 153-A:10-a |
| <input type="checkbox"/> Banking Dept (RSA's included are 361-a:2, 399-A:1-A:3, 399-D:2 - D:5, 397-A:1 - A:5, 383:7-A:3-305, 383-E:3 - 304, 399-G:5,) | <input type="checkbox"/> Games of Chance Facility License NH RSA 287-D:8 |
| <input type="checkbox"/> Board of Nursing/RSA 326-B:15 | <input type="checkbox"/> Game Operators/RSA 287-D:12 |
| <input type="checkbox"/> Hawkers, Peddlers & Vendors/RSA 31:102-a-b | <input type="checkbox"/> Medical Technician RSA 328-I:7 |
| <input type="checkbox"/> County Employees/ RSA | <input type="checkbox"/> Municipality (Employee/Volunteer)RSA 41:9-b |
| <input type="checkbox"/> Department of Safety Employees/ RSA 21-P | <input type="checkbox"/> Nursing Home Administrators RSA 151-A:6-a |
| <input type="checkbox"/> DHHS-Child Daycare Institutions/RSA 170-E:29 | <input type="checkbox"/> Physician Assistants/RSA 328-D:3-a |
| <input type="checkbox"/> DHHS-Child Daycare Providers/RSA 170-E:7 II | <input type="checkbox"/> Real Estate Appraisers/ RSA 310-B:6-a |
| <input type="checkbox"/> DHHS-License Exempt Daycare/RSA 170-E:7 II | <input type="checkbox"/> Serve America Act/ RSA |
| <input type="checkbox"/> Drivers Education/ RSA 263:44-b II | <input type="checkbox"/> Therapeutic Cannabis Program RSA 126-X:4,8 |
| <input type="checkbox"/> DHHS-Adoptive Parents(State Regulated-Select Volunteer)/RSA 170-B:18 | |
| <input type="checkbox"/> DHHS-Foster Parents(State Regulated-Select Volunteer)/RSA 170-E:29 | |

Reference the state criminal history authorization form pertaining to your 92-544 law for fees and mailing information. Questions regarding this form please contact State Police Criminal Records at 223-3867