

STATE OF NEW
HAMPSHIRE

CRIMINAL RECORD
RELEASE AUTHORIZATION
FORM



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 YOUR INFORMATION
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS YOUR INFORMATION
STREET CITY STATE ZIP CODE

DATE OF BIRTH YOUR INFO HAIR COLOR YOUR INFO EYE COLOR YOUR INFO SEX YOUR INFO

DRIVER LICENSE NUMBER YOUR INFO STATE YOUR INFO

PURPOSE OF RECORD: Housing Employment Annulment/Expungement Other: VOLUNTEER POSITION

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: 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:

THE REV. MARK B. PENDLETON
 NAME OF PERSON/FIRM TO RECEIVE RECORD

ADDRESS 43 PINE ST EXETER NH 03833
STREET CITY STATE ZIP CODE

YOUR SIGNATURE YOUR SIGNATURE DATE _____

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

MARK'S SIGNATURE DATE _____
 SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD

NOTE: A \$25.00 fee is required for each request - make checks payable to: State of NH – Criminal Records

CHRIST CHURCH PAYS

DISCLOSURE &
AUTHORIZATION
FOR VOLUNTEERS

DISCLOSURE AND AUTHORIZATION FOR VOLUNTEERS

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

In connection with your application to volunteer with CHRIST CHURCH which may be deemed "employment purposes" under the Fair Credit Reporting Act, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, military records, professional licensure records, drug testing, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. These reports may contain information concerning the reasons for termination of past employment. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for volunteer services is an investigation into your education and/or employment history conducted by SecureSearch, Consumer Disputes, 558 Castle Pines Pkwy., #84-137, Castle Rock, CO 80108, (866) 891-1954, www.securesearchpro.com, or another outside organization. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteer service to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION AND A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize, without reservation, the obtaining of "consumer reports" or "investigative consumer" reports by CHRIST CHURCH at any time after receipt of this authorization and throughout my volunteer service, if applicable. I further authorize and request, without reservation, any present or former employer, school or university (public or private), any law enforcement agency, administrator, state or federal agency, institution, division of motor vehicles, information service bureau, insurance company, consumer reporting agencies, or other persons or agencies to furnish any and all background information requested by **SecureSearch, Consumer Disputes, 558 Castle Pines Pkwy., #84-137, Castle Rock, CO 80108, (866) 891-1954, www.securesearchpro.com**, another outside organization acting on behalf of the Company, and/or the Company itself. I also agree that a fax, electronic or photocopy of this Authorization with my signature shall be as valid as the original

The following is information required in order for CHRIST CHURCH to obtain a complete consumer report:

FULL LEGAL NAME (First, Full Middle Name, last Name)	
<u>YOUR INFORMATION</u>	
SOCIAL SECURITY NUMBER	DATE OF BIRTH*
STREET ADDRESS	
CITY, STATE, ZIP CODE	
DRIVER'S LICENSE NUMBER	ISSUING STATE

OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)	
YOUR INFORMATION	
CONSUMER'S SIGNATURE	DATE
YOUR SIGNATURE	

* This information will be used for background screening purposes only.

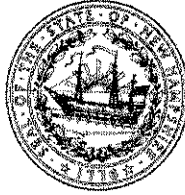
Please list all Counties and States you have live in since the age of 18.

County	State	Name Used in County	Date From	Date To
YOUR INFORMATION HERE				

DMV FORM

RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)



NH DEPARTMENT OF SAFETY Division of Motor Vehicles

23 Hazen Drive, Concord, NH 03305
 Telephone: Driver Records/Accidents (603) 227-4040
 Registration (603) 227-4030
 Title (603) 227-4150
 Fax (603) 271-1061 (all areas)

Form DSMV 505 (Rev. 09/12)

<p>I. Requested Information: Are you requesting:</p> <p>A. <input type="checkbox"/> Your Motor Vehicle Record?</p> <p>B. <input checked="" type="checkbox"/> Another person's Motor Vehicle Record? <small>The back of this form must be completed and notarized.</small></p> <p>C. <input type="checkbox"/> Another person's Motor Vehicle Record as an authorized agent of your employer or a company? <small>A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.</small></p>	<p>II. Requestor Information:</p> <p>Name of Requestor: <u>MARK PENDLETON</u></p> <p>Employer/Company (if applicable): <u>CHRIST CHURCH</u></p> <p>Address: <u>43 PINE ST</u> Tele.#: <u>603-772-3332</u></p> <p>City: <u>EXETER</u> State: <u>NH</u> Zip: <u>03833</u></p>
<p>III. Requested Records:</p> <p><input type="checkbox"/> Driver Record (Certified copy): \$ 15.00</p> <p><input checked="" type="checkbox"/> Driver Record (Non-Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Driver Record (Insurance copy): \$ 15.00</p> <p><input type="checkbox"/> Registration Listing (Current Information Only): \$ 5.00</p> <p><input type="checkbox"/> Registration (Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Title (Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Title Search (not a duplicate title): \$ 20.00</p> <p><input type="checkbox"/> License Applications and Letters of Verification: \$ 15.00</p> <p><input type="checkbox"/> Insurance Card (Accident use only): \$ 1.00</p> <p><input type="checkbox"/> Storage/Mechanics Lien (RSA 444:4-a): \$ 0.00</p> <p><input type="checkbox"/> Accident Report (Requestor will be notified of cost): \$ 1.00 per page (\$5.00 minimum)</p> <p><input type="checkbox"/> Other: _____ : \$ _____</p> <p>Make checks payable to "State of NH - DMV"</p>	<p>IV. Intended Use of Information: <u>IMPORTANT: To be completed only if you checked Box C above</u></p> <p><input type="checkbox"/> For use in connection with any civil, criminal, administrative or arbitral proceeding. Docket# _____ Court: _____ [RSA 260:14 V (a)(2)].</p> <p><input type="checkbox"/> By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14 V (a)(3)].</p> <p><input type="checkbox"/> For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].</p> <p><input type="checkbox"/> For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V (a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14, V(a)(8) [RSA 260:14V(a)(6)]. <small>Indicate specific reason here</small></p> <p><input type="checkbox"/> By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license [RSA 260:14 V (a)(7)].</p> <p><input type="checkbox"/> By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].</p> <p><input type="checkbox"/> For an insurance company or by its authorized agent [RSA 260:14 IV (a)(2)].</p> <p><input type="checkbox"/> Vehicle or boat information only.</p> <p><input type="checkbox"/> For use by a life insurance company authorized to write life insurance policies in New Hampshire, or its authorized agent. In checking off this box, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating, and underwriting. _____ [(RSA 260:14, V(a)(10)) <small>(Initial here)</small></p>
<p>V. Search For (provide all applicable information):</p> <p>Name: <u>YOUR NAME</u></p> <p>Date of Birth: <u>YOUR INFO</u></p> <p>Registration/Plate #: <u>"</u></p> <p>Driver License/I.D. #: <u>"</u></p> <p>Vehicle Identification #: <u>"</u></p>	<p>Last Known Address: <u>YOUR INFO</u></p> <p><u>"</u></p> <p>Date of Accident: <u>"</u></p> <p>Location of Accident: <u>"</u> <small>Route/Street City/Town</small></p> <p>Other Identification Information: <u>"</u></p>

*****Reverse Side Must Be Completed Before Processing*****

CHRIST CHURCH PAYS

VI. Signed Authorization:

If you are requesting your record be released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

Notary Public / Justice of the Peace Acknowledgement: I authorize my record to be released to a third person: <u>YOUR SIGNATURE</u> Date: _____ <small>(Signature)</small> State of <u>NH</u> County of: <u>ROCKINGHAM</u> ss Date: _____ The above named <u>YOUR NAME</u> personally appeared and made oath that the above declaration by him is true. In witness whereof I hereunto set my hand and official seal: <u>*BANKS CAN NOTARIZE*</u> Notary Public/Justice of the Peace Commission Expiration _____	Certification: I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to RSA 641:3 and subject to the penalties specified in RSA 260:14, IX. <u>MARK'S SIGNATURE</u> Signature of Requestor Date: _____
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VIII. PENALTY CLAUSE:

RSA 260:14, IX states as follows:

(a) A person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

OFFICIAL USE ONLY	
Date Received: _____	Date Sent: _____
Type of Identification: <input type="checkbox"/> Valid Photo Driver License <input type="checkbox"/> State-issued Photo ID <input type="checkbox"/> Valid Military Identification <input type="checkbox"/> Valid Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (specify) _____	
ID Number _____	
Employee Verifying Applicant Identification (Print Name) _____	Signature _____

-----DO NOT WRITE BELOW THIS LINE-----