

#1: Name: _____

How do you know them? _____

What is their email? _____

#2: Name: _____

How do you know them? _____

What is their email? _____

#3: Name: _____

How do you know them? _____

What is their email? _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO BRANCH: _____

FROM: _____ TO: _____ Honorable discharge? _____

BACKGROUND CHECK CONSENT

Are you willing to consent to a background check? YES NO

DISCLAIMER

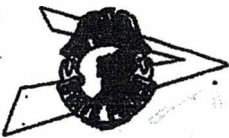
I understand Reality Check is an Equal Opportunity Employer. I certify my answers are true to the best of my knowledge. If this application leads to my involvement with Reality Check, I understand any false information may result in the termination of my volunteering .

Signature

Date

Printed Name

**Please return this completed application to: Reality Check, ATTN: Sarah
Johnston 17 Turnpike Rd., Jaffrey, NH 03452 or Email:
sarah@realitychecknow.org**



State of New Hampshire

Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

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 authorize 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. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

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

Signature _____ Date _____

Signed under penalty of unsworn falsification pursuant to RSA 641:13

PURPOSE OF RECORD

Housing Employment Annulment/Expungement Other VOLUNTEER

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Person or Entity to Receive Record REALITY CHECK

Address 17 TURNPIKE RD. City JAFFREY State NH Zip 03452

Your Signature _____ Date _____

Notary's Signature _____ Date _____

Signature of person/entity to receive record _____ (Affix seal) Date _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Challenging 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.

To prevent a delay in processing, I have enclosed a self-addressed envelope.

Prepaid Acc't Number _____

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

FILL OUT

* Sign in front of Notary