



MAIL TO: STRATHAM, NH POLICE DEPARTMENT  
 76 Portsmouth Ave.  
 Stratham, NH 03885

**CRIMINAL/ARREST RECORD RELEASE AUTHORIZATION**

*Clear photocopy of valid State or Federal issued picture ID must accompany each request*

*SECTION I*

Name:	DOB:	SSN:	Driver License #	State:
Address:	City, State, Zip:			
Work/Day Phone #:	Evening Phone:	Cell Phone:		
Charge(s):	Date of Arrest:	Court Date:		
By signing below you are certifying that you are the individual listed above and that the information provided is true.				
_____ Your Signature <i>(signed under penalty of unsworn falsification pursuant to RSA 641:3)</i>		_____ Date		
<b>PAYMENT: The cost for the report is \$15.00. NO CASH will be accepted; payment must be made with a check or money order payable to the "Town of Stratham".</b>				

*SECTION II*

<b>If record is to be mailed to you, OR received by someone other than yourself, ALL OF SECTION II MUST BE COMPLETED</b>	
<b>I hereby authorize the release of my criminal record conviction(s) in the Town of Stratham, if any, to the following individual:</b>	
Name of Person/Firm to Receive Record:	
Address:	City, State, Zip:
Your Signature: _____ Date: _____	
Notary's Signature: _____ Date: _____ <i>(Affix seal)</i> <span style="float: right;"><i>(Comm. Exp.)</i></span>	

**OFFICIAL USE ONLY**

Date Received: _____	Date Released/Sent: _____
Type of Identification: <input type="checkbox"/> Valid Photo Driver License <input type="checkbox"/> State Issued Photo ID <input type="checkbox"/> Valid Military ID (Attach copy)	
<input type="checkbox"/> Valid Passport <input type="checkbox"/> Other (specify) _____ ID Number: _____	
Employee Verifying Applicant ID (Print Name): _____	Signature: _____
Amount of Payment Received: \$ _____	Check or Money Order #: _____
<input type="checkbox"/> Request Denied Reason: _____ Signature: _____	