



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	
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".				

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) in the Town of Stratham, if any, to the following individual:	
Name of Person/Firm to Receive Record:	
Address:	City, State, Zip:
Your Signature: _____ Date: _____	
Notary's Signature: _____ Date: _____ <i>(Affix seal)</i> <i>(Comm. Exp.)</i>	

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: _____	