



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

NEW HAMPSHIRE BOARD OF NURSING RECORD INFORMATION AUTHORIZATION
BOARD OF NURSING NH RSA 326-B:15

LIVE SCAN - \$44.25 -or- INKED - \$55.25

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION
MUST BE COMPLETED

NAME LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS STREET CITY STATE ZIP CODE

DATE OF BIRTH HAIR COLOR EYE COLOR SEX

DRIVER LICENSE NUMBER STATE

NH Nursing License Number (if applicable)

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

YOUR SIGNATURE: DATE:

Signed under penalty of unsworn falsification pursuant to NH 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:
NEW HAMPSHIRE BOARD OF NURSING

NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS 21 South Fruit Street, Suite 16, CONCORD NH 03301
STREET CITY STATE ZIP CODE

YOUR SIGNATURE DATE

NOTARY'S SIGNATURE DATE
(Affix Seal) (Comm. Exp.)

Margaret J. Walker

DATE

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE: Make checks payable to: State of NH - Criminal Records.

Applicant fingerprint card must be submitted at the same time as payment and this form.