New Hampshire Department of Corrections
Prospective Visitor's Consent for Background Investigation

Dear Sir/ Madam:

You are receiving this form because _____, a person under the custody (PUDC) of the New Hampshire Department of Corrections is requesting you to be placed on his/her approved visitor list. In order for you to be placed on this list, a criminal background check must be conducted. Please fill out this form, have it notarized, and return it to the respective PUDC.

The Records Central Repository collects and distributes criminal history record information (CHRI). CHRI consists of descriptions and notations of arrests, detentions, indictments, information, formal criminal charges and subsequent dispositions. CHRI is forwarded to the repository from criminal justice agencies throughout the state. In addition, the repository tracks information pertaining to sentencing, correctional supervision and release.

Several tiers of rules govern the collection and dissemination if CHRI including the Code of Federal Regulations, the New Hampshire Code of Administrative Rules and state statutes to include RSA 106-B:14 and RSA 106-B:7 (b). Based upon these rules, law enforcement personnel, or an individual requesting his or her own CHRI, will receive both non-conviction and conviction data. Additionally, any individual or agency may receive the CONVICTION INFORMATION of another, provided they produce a notarized CRIMINAL RECORD RELEASE AUTHORIZATION FORM signed by the individual whose record is sought. To assist you in this transaction, I have enclosed this copy of the required CRIMINAL RECORD RELEASE AUTHORIZATION FORM. *FAX OR TELEPHONE REQUESTS WILL NOT BE ACCEPTED.*

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_____
MM/DD/YYYY

Are you currently under Probation or Parole supervision in NH or any other State? Yes No

If yes, where?

_____

DRIVER LICENSE NUMBER_____STATE_____

Are you a victim of the incarcerated person making the request? Yes No Explain if yes:

_____

_____

YOUR SIGNATURE_____ DATE_____
SIGNED UNDER PENALY OF UNSWORN FALSIFICATION PURSUANT TO RSA 641:3

Subscribed and sworn to before me, in my presence, this_____ day of _____, 20_____.

County of _____State of _____

My commission expires_____, 20_____. _____
(Signature) Notary Public

PPD 7.09

Filed in: Visitation