



**STATE OF NEW HAMPSHIRE**  
**Department of Safety**  
**State Police Forensic Laboratory – Toxicology Group**



**SAMPLE RELEASE FORM**

Laboratory # \_\_\_\_\_ Department Case # \_\_\_\_\_

The sample belonging to: \_\_\_\_\_ ,

collected pursuant to RSA 265 -A:4, is hereby released to the person identified below pursuant to RSA 265-A:7.

A. I am (check one):

- The subject and have presented positive proof of identification.
- Counsel for the above named person, and have provided proof of representation and presented positive proof of Identification.
- The person designated by Counsel for the above named person, and have provided Counsel's proof of representation, authorization by Counsel to claim the sample and presented positive proof of identification.

B. Name: \_\_\_\_\_  
Print

C. Signature: \_\_\_\_\_

**FOR LAB USE ONLY**

1. Type of ID presented: \_\_\_\_\_  
 (# if applicable)

2. Date and time sample released: \_\_\_\_\_ / \_\_\_\_\_  
Date Time

3. Released by: \_\_\_\_\_ / \_\_\_\_\_  
Name Title