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: ____________________________________________________________

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

DSSP 324 (Rev. 11/16)