



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

CONTRACTED SCHOOL TRANSPORTATION PROVIDERS

I hereby authorize the New Hampshire Department of Safety, Division of State Police to notify the Superintendent/Chief Executive Officer of an employing school administrative unit, school district, chartered public school, public academy, or non-public school of the presence of any Felony and/or Misdemeanor Criminal History Record Conviction, or charges pending disposition for any crimes listed in paragraph V, pursuant to RSA 189:13-a.

CRIMINAL HISTORY RECORD INFORMATION TO BE REQUESTED ON:

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security # (optional) _____ Hair Color _____ Eye Color _____ Sex _____

Driver's License Number _____ State _____

Signature _____ Date _____

By signing above you are certifying that you are the individual listed above and that the Information provided is true under penalty of forgery and/or unsworn falsification

Notary's Signature: _____ Date: ____/____/____
 (Affix seal)

School Transportation Staff Employed By: _____

RESULTS TO BE RELEASED TO:

 SAU, school district, chartered public school, or approved public academy

 Superintendent/Chief Executive Officer

 Address

Additional SAU's or Names of Schools

Please list any additional SAUs on back page.

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction.(f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

Fees: LIVESCAN - \$47.00 -or- INKED - \$47.00 for Employees \$5.00 for each additional SAU

Fingerprint card or completed livescan form must be submitted at the same time as payment and this form.

Make checks payable to: State of NH – Criminal Records

Prepaid Account Number _____

DSSP 434 (Effective 8/1/18)