



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



CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

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

NAME LePage Lynn C.
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS 350 Myrtle St. Manchester NH 03104
STREET CITY STATE ZIP CODE

DATE OF BIRTH 12/9 HAIR COLOR Brown EYE COLOR green SEX Female

DRIVER LICENSE NUMBER 12LELSB091 STATE N.H.

PURPOSE OF RECORD: Housing Employment Annulment/Expungement Other: _____

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

YOUR SIGNATURE: Lynn LePage DATE 12/17/15
Signed under penalty of unsworn falsification pursuant to 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:

Lynn C. LePage
 NAME OF PERSON/FIRM TO RECEIVE RECORD

ADDRESS 350 Myrtle St. Manchester, NH 03104
STREET CITY STATE ZIP CODE

YOUR SIGNATURE Lynn LePage DATE 12/17/15

NOTARY'S SIGNATURE Marc E. St Cyr DATE 12/4/18
(Affix Seal) (Comm. Exp.)

Lynn LePage DATE 12/17/15
 SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD

NOTE: A \$25.00 fee is required for each request - make checks payable to: State of NH – Criminal Records