



# MERRIMACK POLICE DEPARTMENT

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[www.merrimacknh.gov/police-department](http://www.merrimacknh.gov/police-department)

## Authorization for Release of Police Records

### Section I

**All information in this section MUST BE COMPLETED**

Name: \_\_\_\_\_  
Last Maiden/Alias First M.I.

Address: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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, this section  
MUST BE COMPLETED**

I hereby authorize the release of my criminal/motor vehicle record(s), if any, to the following individual:

Name of person / Firm to receive record: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_