

The State of New Hampshire is requiring a special consent form to complete the statewide criminal records search in New Hampshire.

Please complete the Identity of Applicant CHRI Request and email the form to info@oxforddoc.com or fax to 800-951-9114.

No payment is required.

Please call if you have any questions 800-801-9114.



State of New Hampshire Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

CONSUMER REPORTING AGENCY

CRIMINAL HISTORY RECORD INFORMATION REQUEST FORM

RSA 106-B:14 I (e)

A consumer reporting agency subject to and complying with the requirements of 15 U.S.C. Section 1681, et seq., conducting employment screening services, including the screening of independent contractors, may request and receive a copy of the state criminal conviction record for a felony, misdemeanor, or violation of a candidate being screened for employment purposes or as an independent contractor.

IDENTITY OF APPLICANT CHRI REQUEST (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

THIRD PARTY CONSUMER REPORTING AGENCY RECIPIENT

Name:
Sterling Talent Solutions

Address: 4511 Rockside Rd. 4th FL city: Independence State: OH Zip: 44131

Date _____

Pursuant to RSA 641:13, the above-named Consumer Reporting Agency has complied with the requirements of 15 U.S.C. section 1681, et seq. on the above-named applicant.

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. RSA 106-B:14 I-a.(d) Criminal conviction records received from the division shall be the official source of certified criminal conviction history records for employment and licensing purposes.

To prevent a delay in processing, I have enclosed a self-addressed envelope. INTERNAL USE ONLY - do not send payment.
 Prepaid Acc't Number _____

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