



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

REDUCED FEE REQUEST FORM

SECTION 5703.07 **Fee Exemption** of the *Rules and Regulations for the Operation of the Central Repository*: (d) Volunteers for public or private not-for-profit agencies that provide services to the elderly, the disabled or children shall be charged \$10.00 for each criminal record check requested.

PLEASE PRINT OR TYPE CLEARLY

NAME _____
ORGANIZATION OR AGENCY

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER _____ **FAX NUMBER** _____

IS AGENCY OR ORGANIZATION NON-PROFIT? YES _____ NO _____

IS THE REQUESTED PERSON(S) A VOLUNTEER? YES _____ NO _____

WILL THE SERVICES BE TO THE ELDERLY, THE
DISABLED, OR CHILDREN? YES _____ NO _____

The Identity of the volunteer for whom this reduced fee is requested:

_____ who will be working with:
NAME OF VOLUNTEER (please print) Elderly
 Disabled
 Children

THE ABOVE INFORMATION IS ACCURATE AND TRUE:

Authorized Signature _____ **Date** _____

FOR THE AGENCY OR ORGANIZATION
Signed under penalty of unsworn falsification pursuant to RSA 641:3

NOTE: This form *must* be accompanied by a completed Criminal Record Release Authorization Form.

Effective 1/01/2009