



Out of State Criminal Record Release Authorization form

Name: _____
First Middle Name ☐ if no middle name Last

Address: _____
Street City State Zip

Last four digits of Social Security Number: XXX-XX- _

I hereby authorize the release of my criminal record and trace details report to New Hampshire Housing Finance Authority. The following reports are included in the search through our Service Agreement with Rent Grow Inc.

- National Criminal Report
- Federal Criminal Search

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

Your Signature: _____ Date: _____

New Hampshire Housing use only:

Client Number

Client Full SSN

Client DOB

Initials