



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR  
PO BOX 2076  
CONCORD, NH 03302-2076**

**AUTHORIZATION RELEASE FORM  
FOR EMPLOYEE LEASING COMPANIES**

**INSTRUCTIONS:** To be completed by each principal, owner, shareholder, partner, officer, manager, or individuals exercising the power to control the day to day operation or direction of the applicant.

Submitted in connection with an application made for an Employee Leasing License pursuant to RSA 277-B.

\_\_\_\_\_  
(Name of License Applicant)

I hereby authorize the State of New Hampshire Department of Labor to request and receive reports of convictions for felonies and/or misdemeanors committed by me from any and all law enforcement officials, and further authorize that such information may be released to the State of New Hampshire Department of Labor by such law enforcement officials upon presentation of this authorization, or a photostatic copy hereof. I understand that the State of New Hampshire Department of Labor will utilize any information it receives as a result of this authorization solely for purposes of determining compliance with licensing standards set forth in RSA 277-B and that any information it receives as a result of this authorization solely for purposes of determining compliance with licensing standards set forth in RSA 277-B, and, that any information received by the State of New Hampshire Department of Labor as a result of this authorization will be held confidential.

(Print or type name)	(Date of Birth)	(Hair Color)
(Signature)	(Date)	(Eye Color)
(Drivers License Number)	(Social Security Number)	(State)
(Title)	(City and state of residence)	

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )SS.

On this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me, the undersigned officer, personally acknowledged the foregoing authorization to be his or her voluntary act and deed.

\_\_\_\_\_  
Notary Public/Justice of the Peace

My commission expires \_\_\_\_\_