

PLACE THIS ON YOUR AGENCY'S LETTERHEAD

REQUEST FOR CRIMINAL RECORD CHECK

____ FIRST SUBMISSION

____ RREQUEST FOR SECONDARY DISSEMINATION FROM: _____
(name of school that completed original record check)

Note: It is the responsibility of the applicant to prove continuous employment at an approved/recognized school inside the state of Vermont with no break of service of one year or more since the original Criminal Record Check submission.

APPLICANT: _____

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN OR OTHER NAMES USED: _____

ADDRESS: _____

GENDER: _____ RACE: _____ SOCIAL SECURITY NUMBER: _____

PLACE OF BIRTH: _____

CITY/TOWN

STATE

COUNTRY

DATE OF BIRTH: _____ TELEPHONE NUMBER: _____

MONTH/DAY/YEAR

AREA CODE/ NUMBER

I, _____, hereby acknowledge and agree to a check of any record of criminal convictions as per VSA, Title 16, Chapter 5, Subchapter 4, which may be maintained by the Vermont Crime Information Center, the criminal record repositories or other states where I have been employed and/or resided, and the FBI.

In addition to Vermont, I have resided or been employed in the following states:

I understand that the results of that check will be made available to: _____

_____ for use in reviewing my suitability for employment. I further understand that within 30 days of receiving the results of the record check, I have the right to appeal the findings in writing to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300

SIGNATURE OF APPLICANT: _____ DATE: _____

(Signed in the presence of school official or notary)

IDENTITY VERIFIED BY: _____ DATE: _____

(Signed by official making identification)