PLACE THIS ON YOUR AGENCY'S LETTERHEAD

TITLE 16 REQUEST FOR CRIMINAL RECORD CHECK

First Submis	ssion		
Request for	Secondary Dissemination	n from:	mpleted original record check)
		(name of school that col	mpieted original record check)
approved/recogn			employment at an of service of one year or more since
APPLICANT:			
	AST NAME	FIRST NAME	MIDDLE NAME
MAIDEN OR OTH	ER NAMES USED:		
ADDRESS:			
GENDER:	RACE:	SOCIAL SECURITY NUMBER	R:
PLACE OF BIRTH:			
		STATE	COUNTRY
DATE OF BIRTH:		TELEPHONE NUMBER:	
_	MONTH/DAY/YEAR		AREA CODE/ NUMBER
l,		, hereby acknowledge a	nd agree to a check of any record of
	•	•	ch may be maintained by the
employed or resid		nal record repositories of oth	er states where I have been
In addition to Ve	rmont, I have resided or I	been employed in the follow	ing states:
		20.15.	
		will be made available to: lloyment. I further understar	nd that within 30 days of receiving
			in writing to the Vermont Crime
Information Cent	er, Department of Public	Safety, 45 State Drive, Water	rbury, VT 05671-1300.
SIGNATURE OF APPLICANT:			DATE:
(Signed in the pre	esence of school official o	r notary)	
IDENITITY VERIFIED BY:			DATE:
(Signed by officia	l making identification)		