PLACE ON SCHOOL LETTERHEAD

REQUEST FOR SECONDARY DISSEMINATION

INSTRUCTIONS: Place this form on your school or supervisory union letterhead. This form should be completed by an applicant in the presence of a Department of Education, Supervisory Union, Recognized School official, or notary public. A secondary dissemination may **only** be obtained from the school of origin.

Requesting School: _____

School of Origin: _____

1. Applicant:_____
   Last Name First Name Middle Name

I,_____hereby acknowledge and agree to the release of my Vermont Criminal Record Check to the above listed school for employment.

Signature of Applicant:_____Date:_____
(Signed in the presence of school official or notary public)

Identity Verified by:_____Date:_____
(printed name of official making identification)

Signature of School Official:_____

I understand that within 30 days of receiving the results of the record checks, I have the right to appeal the findings to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.