



VERMONT CRIMINAL CONVICTION REQUEST
Vermont Criminal Information Center

Qualified Entity: Maple Run Unified School District

Agency Code: 00330

Applicant: _____
Last First Middle

Maiden / Other Names Used: _____

Social Security Number: XXX - XX - Date of Birth: _____
Last Four Month / Day / Year

Address: _____
Street City/Town State Zip Code

Telephone Number: _____ Email Address: _____
Area Code & Number Please Print Clearly

Should the results of this criminal records check be deemed disqualifiable, I would like to be notified by:

☐ EMAIL

☐ MAIL

I, _____, hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the Vermont Criminal Information Center. I understand that the results of that check will be made available to **Maple Run Unified School District** for use in reviewing my suitability for _____. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.

Signature of Applicant: _____ Date: _____

NOTARY

_____ personally appeared before me and satisfied me that they are the person named in and who signed this Request Form. Thereupon the applicant acknowledged the signing of this Request Form as their act and deed for the uses and purposes expressed in this document.

Identification Used to Verify: _____	Date: _____
Printed Name of Notary _____	Notary Signature _____
Commission Number _____	Commission Expires _____