



**TITLE 16 REQUEST FOR  
CRIMINAL RECORD CHECK**

\_\_\_ FIRST SUBMISSION

\_\_\_ REQUEST FOR SECONDARY DISSEMINATION FORM: \_\_\_\_\_

*Note for Secondary Dissemination:*

Name of school that completed original record check

*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

First

Middle

MAIDEN/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 **MRUSD**, 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: \_\_\_\_\_  
Must be signed in the presence of a school official or notary

IDENTITY VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signed by official making identification.