



REQUEST FOR SECONDARY DISSEMINATION

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: Maple Run Unified School District

School of Origin: _____

1. Applicant: _____
Last Name First Name Middle Name

Date of Birth _____ Last 4 of Social Security XXX - XX -
MM / DD / YYYY

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/Notary: _____

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 Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2101



VERIFICATION OF EMPLOYMENT

Attention: Human Resources

The following person has been offered employment by one of our school districts, pending the results of the Criminal Records Background Check. In order to determine whether this individual qualifies under the grand-parenting provision of the Criminal Record Check Law (or in order to determine the validity of his/her Criminal Records Check that was completed over one year ago), we need to verify his/her continuous dates of employment with your school district. Please complete the information below and fax or mail it back to the above address.

To be filled in by Employee:

School District or Supervisory Union: _____

I authorize Maple Run Unified School District to verify my dates of employment with above listed School District, Supervisory Union or VT Department of Education.

Name: _____ Date of Birth: _____

Signature: _____ Today's Date: _____

To be filled out by Employer:

EMPLOYMENT DATES: From: _____ To: _____

This person was employed as a _____

Was the employment period indicated above continuous? Yes or No (circle one)

Signed by: _____

Position: _____

Date: _____