



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



RELEASE FOR SUBSCRIPTION SERVICE

Pursuant to Title 16, Chapter 5, Section 255 recognized Supervisory Union or Recognized School Officials are entitled to receive criminal conviction record information on an applicant applying for employment for an educational facility. Title 20, Chapter 117, Section 2064 now allows an educational facility to receive conviction information on any criminal record with applicant permission during the course of employment. **(Not to be used for NCPA-Employment or NCPA-Volunteers)**

PLEASE PRINT CLEARLY & LEGIBLY

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

_____ I give permission for the educational facility above to receive updates to my criminal conviction record via VCIC's subscription service

_____ I **do not** give permission for the educational facility above to receive updates on my criminal conviction record.

I understand that this criminal record information will be used for reviewing my suitability for employment/ continued employment. I further understand that within 30 days of receiving the results of the record check or update, I have the right to appeal the findings in writing to the Vermont Criminal Information Center, Department of Public Safety, 45 State Drive, Waterbury, Vermont 05671-2101.

SIGNATURE: _____

DATE: _____

This form is to be kept on file in your office for audit purposes.
DO NOT RETURN THIS FORM TO VCIC

