



NCPA REQUEST CRIMINAL RECORD CHECK

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 per the National Child Protection Act, which may be maintained by the Vermont Crime Information Center, criminal record repositories of other states where I have been employed, volunteered 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 or volunteering. 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