



**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: \_\_\_\_\_

| <b>NOTARY</b>  |                    |
|--|--------------------|
| _____ 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 |