

**Caledonia Central Supervisory Union
PO Box 216, Danville, VT 05828
(802)684-3801- Fax (802)684-1190**

TITLE 16 REQUEST FOR CRIMINAL RECORD CHECK

___ First Submission

___ Request for Secondary Dissemination from: _____
(name of school that completed original record check)

Please note 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 NAME FIRST NAME MIDDLE NAME

MAIDEN OR 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 VSA, Title 16, Chapter 5, Subchapter 4, which may be maintained by the Vermont Crime Information Center, criminal record repositories of other states where I have been employed 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: _____ 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: _____

(Signed in the presence of school official or notary)

IDENTITY VERIFIED BY: _____ DATE: _____

(Signed by official making identification)

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PO Box 216 - Danville, VT 05828 (802)684-3801 - Fax (802) 684-1190

VERMONT CRIMINAL INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE
45 State Drive, Waterbury, VT 05671

*****APPLICANT:** You must bring this certificate with you to your fingerprinting appointment. Identification Center staff **WILL NOT** submit your fingerprints to VCIC for processing without this form.***

*Agency Code: 00313

REASON FINGERPRINTED:

Adoption Education NCPA-Employment NCPA-Volunteer Secretary of State

NAME: _____
Last First Middle

MAIDEN/OTHER NAMES:

DOB: _____ SSN: _____ GENDER: FEMALE MALE

PLACE OF BIRTH:

_____ Town State Country

TELEPHONE NUMBER: _____

In addition to Vermont I have resided or been employed in the following states: (If applicable, circle appropriate states)

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT

NB(NE) NV NH NM OH OR PA RI SC TN UT WV WY

Applicant Signature: _____

I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: _____ Date: _____

IDENTIFICATION CENTER USE ONLY:

TVT: _____ Date Printed: _____

ATTN: ID Center's the following fields are required * before prints can be taken

