

**VERMONT CRIMINAL INFORMATION CENTER
VULNERABLE POPULATIONS PROGRAM
VERMONT RELEASE FORM**

Qualified Entity	Franklin Central Supervisory Union			AC#00330
Applicant	Last	First	Middle	
Maiden or Alias Names				
Social Security #	- -			
Place of Birth	City/Town	State	Country	
Date of Birth	Month	Day	Year	Address: _____ _____
Applicant's Telephone #	Include Area Code and Number - -			

RELEASE

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 the **Franklin Central Supervisory Union** 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
Identity verified by:	Date

NOTARY

_____ personally appeared before me and satisfied me that s/he is the person named in and who signed this Release Form. Thereupon s/he acknowledged the signing of this Release Form as his/her act and deed for the uses and purposes expressed in this document.

Printed Name of Notary	Notary Signature
Commission Number	Commission Expires