



**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

Children enrolled across MRUSD Schools:

First Name	Last Name	Grade/School

If more lines are needed, please list on reverse.

Should the results of this criminal records check deem me disqualified, 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: \_\_\_\_\_

**Office Use**

Document Provided			
Personnel making ID		Date:	



**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**

