

NCPA REQUEST FOR CRIMINAL RECORD CHECK

APPLICANT: _____
LAST NAME FIRST NAME MIDDLE NAME

MAIDEN OR OTHER NAMES USED: _____

ADDRESS: _____

GENDER: _____ RACE: _____ SOCIAL SECURITY NUMBER: _____

PLACE OF BIRTH: _____
CITY/TOWN STATE COUNTRYDATE 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 the Vermont Agency of Education - EANS Program 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: _____

(Signed in the presence of agency official or notary)

IDENTITY VERIFIED BY: _____ DATE: _____

(Signed by official making identification)