

Vermont Criminal Information Center
 Venerable Populations Center
VERMONT RELEASE FORM

Qualified Entity	THE VILLAGE SCHOOL OF NORTH BENNINGTON		
Applicant	Last	First	Middle
Maiden or Alias Names			
Social Security Number			
Mailing Address			
	City	State	Zip Code
Place of Birth	City	State/Country	Zip Code
Date of Birth	Month	Day	Year
Applicant's Telephone #	Area Code	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 this check will be available to The Village School of North Bennington for the purposes of reviewing my suitability for employment or volunteering. I further understand that have the right to appeal the results of my criminal records check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 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