Vermont Criminal Information Center
National Child Protection Act (NCPA) Program
Record Check Release Form

Please print clearly your LEGAL NAME as it appears on your driver's license

Qualified Entity: ***White River Valley Supervisory Union***

Applicant: _____ _____ _____
LEGAL Last Name LEGAL First Name LEGAL Middle Name

Maiden or Alias Names: _____

Place of Birth: _____ _____ _____
City/Town State Country

Date of Birth: _____ / _____ / _____
Month Day Year

Applicant's Telephone # with Area Code: (_____) - _____ - _____

RELEASE

I _____, hereby acknowledge and agree to a check of any criminal
(PRINT NAME)
record of convictions which may be maintained by the Vermont Criminal Information Center. I understand the results of that check will be made available to ***White River Valley Supervisory Union*** for use in reviewing my suitability for **VOLUNTEERING** for the **2016-2017 school year (July 1-June 30)**.
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.

Please Circle school(s) you would like to volunteer at: Only use ONE form if volunteering at multiple schools.

Bethel Chelsea Rochester Royalton Sharon Stockbridge Strafford Tunbridge

Signature of Applicant: _____ Date: _____

Will you be a driver? Y N **At any time will you be alone with children? Y N**

06/02/16