Thank you for your interest in working for our school district.

Attached are the necessary forms that must be completed. **Please complete all 3 forms & then contact Tammy Lutz at (802) 370-3113 Ext.100 to make an appointment.**

If you have NOT been fingerprinted, you must meet with Tammy prior to going to be fingerprinted to obtain the correct documents.

Items to bring with you when you meet with Tammy are as follows:

- A picture Identification (such as a driver’s license or passport)
- A check in the amount of **$12.00** made payable to **FWSU** (or exact cash) to cover the “Vermont Criminal Background Check“ fees.

Again, thanks for your interest!

The FWSU office is located in Georgia, on the corner of Routes 7 & 104A.

*(Just south of Exit 18)*
VERMONT CRIMINAL INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE (FAC)

ATTENTION: Before going to your fingerprint appointment, you must first pay a $16.50 fee by check to FWSU and have form signed by FWSU staff to bring with you. The Criminal Record Check Center WILL NOT process fingerprints without this signed form.

REASON FINGERPRINTED: Education

Agency Code: 00333

NAME:________________________________________

Last                     First                     Middle

ALIAS:_____________________________________

DOB: ___________________  SSN: ___________________

POB:_____________________________________

Town                     State                     Country

TELEPHONE NUMBER:_____________________________________

In addition to Vermont I have resided or been employed in the following states: (please circle all states that apply)

CO HI IL MA MS MT NH RI UT WA WY

APPLICANT SIGNATURE:_____________________________________

☐ I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

☐ Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

FWSU AGENCY STAFF SIGNATURE:_________________________ DATE:_____________

IDENTIFICATION CENTER USE ONLY:

TVT:______________ Date Printed:______________

IDENTIFICATION CENTER STAFF – Mail these forms to:
VCIC – 103 S. Main Street, Waterbury, VT 05471, Attn: CRC Program
# CRIMINAL RECORD CHECK RELEASE FORM

## Request for Criminal Record Check

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Maiden/Alias:</th>
<th>Gender:</th>
<th>Race/Ethnicity:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Town of Birth:</th>
<th>State:</th>
<th>Current Phone Number:</th>
<th>Social Security Number:</th>
</tr>
</thead>
</table>

## Request for Secondary Dissemination

Supervisory Union or Department of Education:

## Title 16 Release Statement

I, ___________________________ (print name), hereby acknowledge and agree to a check of any record of criminal convictions as per VSA, Title 16, Chapter 5, Subchapter 4 which may be maintained by the Vermont Criminal Information Center, the criminal record repositories of other states where I have been employed and/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 this check will be made available to Franklin West Supervisory Union for use in reviewing my suitability for employment and that my employment is contingent upon a satisfactory criminal record check. Any routine costs associated with the process will be borne by me. I further understand that this process may take some time to complete and although my employment may commence prior to the completion of this required process, my continued employment is nonetheless contingent upon a satisfactory criminal record check. Additionally, I understand that within 30 days of receiving the results of a criminal record check, I have the right to appeal the findings to:

Vermont Criminal Information Center, Department of Public Safety
103 South Main Street, Waterbury, VT 05671-1201

Applicant Signature: ___________________________ Date: ____________

Identity Verified By: (Print Name/Signature): ___________________________ Date: ____________

☐ INITIAL SUBMISSION    ☐ RESUBMISSION

www.fwsu.org
CONSENT FOR RELEASE OF REGISTRY INFORMATION

(This form is for use with the ON-LINE registry checking system ONLY)

This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: ____________________________
LAST FIRST Middle Initial

Gender: ____________________________
Last 4 Digits of Social Security #: XXX-XX-__________

Address: ____________________________________________
__________________________________________________________________________

Phone number: ________________ Birth Date: __________ Place of Birth: ____________________________
City, State, Country

Other FIRST names I have used, if any (i.e. Nicknames,Aliases): ________________________________
(Type or Print)

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): ________________________________
(Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to ________.

Franklin West Supervisory Union
(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature ____________________________ Date __________

Last Modified: 09/28/2009 14:33 PM