

# MAUSD

Mount Abraham Unified School District  
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BRISTOL\* LINCOLN\* MONKTON\* NEW HAVEN\* STARKSBORO\* MT. ABRAHAM UNION MIDDLE/HIGH SCHOOL

*Shaping Our Future Together*

**VERMONT CRIME INFORMATION CENTER**  
**FINGERPRINT AUTHORIZATION CERTIFICATE**  
**45 State Drive, Waterbury, VT 05671**

\*\*\***APPLICANT:** You must bring this certificate with you to your fingerprinting appointment. Identification Center staff **WILL NOT** submit your fingerprints to VCIC for processing without this form.\*\*\*

\*Agency Code: \_\_\_\_\_

**REASON FINGERPRINTED:**

Adoption  Education  NCPA-Employment  NCPA-Volunteer  Secretary of State

NAME: \_\_\_\_\_  
Last First Middle

MAIDEN/OTHER NAMES:  
\_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ GENDER:  FEMALE  MALE

PLACE OF BIRTH:

\_\_\_\_\_ Town State Country

TELEPHONE NUMBER: \_\_\_\_\_

In addition to Vermont I have resided or been employed in the following states: (If applicable, circle appropriate states)

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT

NB(NE) NV NH NM OH OR PA RI SC TN UT WV 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.

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IDENTIFICATION CENTER USE ONLY:**

TVT: \_\_\_\_\_ Date Printed: \_\_\_\_\_

**ATTN: ID Center's the following fields are required \* before prints can be taken**