

MAUSD

Mount Abraham Unified School District

72 Munsill Avenue, Building 6, Suite 601, Bristol, VT 05443

Phone: (802) 453-3657 ~ www.mausd.org ~ Fax: (802) 453-2029

MT. ABRAHAM UNION MIDDLE/HIGH SCHOOL ~ BRISTOL ~ LINCOLN ~ MONKTON ~ NEW HAVEN ~ STARKSBORO

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

COUNTRY

DATE 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, the criminal record repositories or other states where I have been employed 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: **Mount Abraham Unified School District** for use in reviewing my suitability for employment. 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)