



49 Charles Avenue Middlebury, VT 05753 P. 802-382-1274 F. 802-388-0024 Business Office 802-382-1274 Student Services 802-382-1287

REQUEST FOR SECONDARY DISSEMINATION

INSTRUCTIONS: Place this form on your school or supervisory union letterhead. This form should be completed by an applicant in the presence of a Department of Education, Supervisory Union, Recognized School official, or notary public. A secondary dissemination may **only** be obtained from the school of origin.

Requesting School: _____

School of Origin: _____

Applicant: _____
Last Name First Name Middle Name

I, _____ hereby acknowledge and agree to the release of my Vermont Criminal Record Check to the above listed school for employment.

Signature of Applicant: _____
(Signed in the presence of school official or notary public)

Date: _____

Identity Verified by: _____
(Printed name of official making identification)

Date: _____

Signature of School Official: _____

I understand that within 30 days of receiving the results of the record checks, I have the right to appeal the findings to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.