Barre Unified Union School District

Spaulding High School
Spaulding Educational Alternatives
Barre City Elementary and Middle School
Barre Town Middle and Elementary School

Superintendent of Schools

A rock solid education for a lifetime of discovery.

120 Ayers Street, Barre, VT 05641

Phone: 802-476-5011
Fax: 802-476-4944 or 802-477-1132
Website: www.buusd.org

TITLE 16 REQUEST FOR CRIMINAL RECORD CHECK

____ First Submission

____ Request for Secondary Dissemination from: _____
(name of school that completed original record check)

Please note it is the responsibility of the applicant to prove continuous employment at an approved/recognized school inside the state of Vermont with no break of service of one year or more since the original Criminal Record Check submission.

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 VSA, Title 16, Chapter 5, Subchapter 4, which may be maintained by the Vermont Crime Information Center, criminal record repositories of 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: BUUSD 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 school official or notary)

IDENITITY VERIFIED BY: _____ DATE: _____

(Signed by official making identification)

VERMONT

Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306

AND

Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

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 …….

BUUSD
_____
(Print Organization Name)

_____ _____
(Prospective) Staff, Contractor, or Volunteer Signature **Date**

Last Modified: 09/28/20091:42:33 PM

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VERMONT CRIME INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE

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: 02067

REASON FINGERPRINTED: (CHECK ONLY ONE)

☐ Adoption ☐ Education ☐ NCPA–Employment ☐ NCPA–Volunteer ☐ Secretary of State

NAME:_____
Last First Middle

MAIDEN/OTHER NAMES:

_____

DOB:_____ SSN:_____ GENDER: ☐ FEMALE ☐ MALE ☐ OTHER

PLACE OF BIRTH: _____
Town State Country

TELEPHONE NUMBER: _____

In addition to Vermont, I have resided or been employed in the states circled below:

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT
NB(NE) NV NH NM OH OR RI SC TN UT WV WY

I certify that I have read the Privacy Act Statement attached and acknowledge the authority, purpose and uses for which my fingerprints are being taken as described in that statement.

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: _____

Print Name/Title: _____

IDENTIFICATION CENTER USE ONLY:

TVT:_____Date Printed: _____

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

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification of Procedures to Update an FBI Record

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.