

VERMONT CRIMINAL INFORMATION CENTER VULNERABLE POPULATIONS PROGRAM VERMONT RELEASE FORM: 2007-2008				
Qualified Entity	Vermont State Amateur Hockey Assn (VSAHA); #00537VP			
Applicant	Last	First	Middle	
	Maiden or Alias Names			
Social Security #	-			
Place of Birth	City/Town	State	Country	
	Month	Day	Year	
Applicant's Telephone #	Include Area Code and Number			
RELEASE				
I, _____, hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the Vermont Criminal Information Center. I understand that the results of that check will be made available to VSAHA for use in reviewing my suitability for employment. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.				
Signature of Applicant			Date	
Identity verified by:			Date	
NOTARY				
_____ personally appeared before me and satisfied me that s/he is the person named in and who signed this Release Form. Thereupon s/he acknowledged the signing of this Release Form as his/her act and deed for the uses and purposes expressed in this document.				
Printed Name of Notary			Notary Signature	
Commission Number			Commission Expires	

Local Association: _____