

**VERMONT CRIMINAL INFORMATION CENTER
VULNERABLE POPULATIONS PROGRAM
RELEASE FORM**

VERMONT CRIMINAL INFORMATION CENTER VULNERABLE POPULATIONS PROGRAM RELEASE FORM				
Qualified Entity	The DREAM Program, Inc.			
Applicant	Last	First	Middle	
Maiden or Alias Names				
Social Security #	- -			
Place of Birth	City/Town	State		Country
Date of Birth	Month	Day	Year	
Applicant's Telephone #	Include Area Code and Number - -			
RELEASE				
<p>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 <u>The DREAM Program</u> 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.</p>				
Signature of Applicant			Date	
Identity verified by:			Date	
NOTARY				
<p>_____ 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.</p>				
Printed Name of Notary			Notary Signature	
Mike Foote				
Commission Number			Commission Expires	
50294			February 10, 2007	