



Department of Public Safety  
 Vermont Criminal Information Center  
 103 South Main Street  
 Waterbury, VT 05671-2101

**PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION**

**PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$20 PER REQUEST - NO PERSONAL CHECKS**  
**Reply will be mailed in 5 – 7 working days - A SELF ADDRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO FACILITATE RETURN OF YOUR REQUEST**

**WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS:**

**NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY**

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>
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<b>DATE OF BIRTH (REQUIRED)</b> Month / Day / Year	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>SOCIAL SECURITY NUMBER (OPTIONAL)</b>
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**ALIAS NAMES (IF APPLICABLE)**

<b>PURPOSE OF REQUEST: (CHECK ONE)</b>	<input type="checkbox"/> PERSONAL REVIEW	<input type="checkbox"/> FOREIGN TRAVEL/ IMMIGRATION	<input type="checkbox"/> MILITARY
	<input type="checkbox"/> ADOPTION	<input type="checkbox"/> CIVIL COURT PROCEEDING	<input type="checkbox"/> PARDON
	<input type="checkbox"/> CHILD CUSTODY	<input type="checkbox"/> LICENSING	
	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING	
	<input type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE		

**ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS**

The following information is **REQUIRED** in order to successfully process your request.  
 Requestor **MUST** initial each line, fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056(c), which governs the release of criminal conviction information to the public, I understand:

- \_\_\_\_\_ Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- \_\_\_\_\_ Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- \_\_\_\_\_ No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

**REQUESTOR INFORMATION**

<b>Name</b>	<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Telephone Number</b>
<b>Signature of Requestor</b>		<b>Date (Mo/Day/Year)</b>	