



Department of Public Safety Vermont  
**Criminal Information Center**  
 45 State Drive  
 Waterbury, VT 05671-1300

**PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION**

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$30 PER REQUEST - NO PERSONAL/BUSINESS 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**

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

PURPOSE OF REQUEST: (CHECK ONE)	<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**

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