TOWN OF BRATTLEBORO
Town Manager's Office● 230 Main Street, Suite 208 ● Brattleboro, VT 05301
Phone (802) 251-8151 ● FAX (802) 257-2322
www.brattleboro.org

Record Check Release Form

1. Applicant:

_____ _____ _____
(last name) (first name) (middle)

2. Maiden or alias names:

_____

3. Social Security No. _____

4. Place of birth: _____ _____ _____
(city) (state) (county)

5. Date of birth: _____ _____ _____
(month) (day) (year)

6. Telephone numbers (include area codes) and e-mail address:

Home: (_____) _____
Cell: (_____) _____
Other: (_____) _____

E-mail address: _____

7. Authorization:

I, _____ (print name) 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 the **Town of Brattleboro** for use in reviewing my suitability for (check one):

_____ employment
_____ volunteer work
_____ working for Brattleboro Taxi Company or other taxi company

I 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, VT 05671-2101.

Signature of applicant: _____ Date: _____

Identify verified by: _____ Date: _____