

VERMONT CRIMINAL INFORMATION CENTER
VULNERABLE POPULATIONS PROGRAM
 VERMONT RELEASE FORM

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|--|--|--------------------|----------------|
| Qualified Entity | Vermont Soccer Association | | |
| Applicant | Last Smith | First John | Middle Q |
| Maiden or Alias Names | | | |
| Social Security # | 555 - 55 - 5555 | | |
| Place of Birth | City/Town Burlington | State Vermont | Country USA |
| Date of Birth | Month 01 | Day 01 | Year 1960 |
| Applicant's Telephone # | Include Area Code and Number 802 - 555 - 5555 | | |
| RELEASE | | | |
| I, <u>John Smith</u> , 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>Vermont Soccer Association</u> for use in reviewing my suitability for <u>Coachin for MySoccerClub</u> . 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 John Smith | | Date 1/1/2004 | |
| Identity verified by: 1. See note below | | 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 2. See note below. | | Commission Expires | |

1. This box should be left blank unless someone else besides the notary is verifying the identity of the applicant. Due to the fact that this form MUST BE NOTARIZED, it is much simpler to just have the notary as the identifying party and therefore the notary only needs to sign in the notary section.
2. Some notaries may not have a commission number; therefore, this box can be left blank.