

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

Qualified Entity	Chester-Andover Elementary School		
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 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	
Commission Number		Commission Expires	

STUDENT CONFIDENTIALITY AGREEMENT

Those who work in public schools are legally bound to confidentiality. The principles which will be adhered to will include but not necessarily be limited to, the following:

- Students will not be discussed with non-authorized persons outside of the school unless the student or his/her parent has granted written permission. Additionally, students will not be discussed with those inside the school that are not directly involved in a student's education.
- Students will not be discussed in public places where there is a possibility of others overhearing the conversation.
- All written information regarding students will be securely maintained and may not be disclosed without written parent consent or student consent if the student is eighteen years of age or older. Information about students will not be given out over the phone without specific written permission.
- State, federal and school policies regarding student educational records will be adhered to as outlined in the school's handbooks.
- Any information about students acquired by service providers will be kept in the strictest confidence.
- Information can be shared when reporting any suspected abuse of a student as required by law.

Please read the following statement. Your signature signifies your agreement and understanding of this document. This procedure has been developed in an effort to protect the right of confidentiality of the students we serve. It also serves to ensure that you are aware of the legal and moral obligation you have to maintain confidentiality.

I accept the privilege and responsibility to have access and to receive information about students at this school. I understand the confidentiality of the material which I read, hear, or discuss. Under no circumstances shall I duplicate, disseminate or verbalize to unauthorized persons this information. I also understand that district e-mail systems afford no expectation of privacy and are considered part of the student's file which cannot be destroyed.

I fully understand that access to information, whether obtained from records, through my attendance at or involvement in meetings, through discussion with teachers, students, family members and other service providers is only for the purpose of helping me make informed choices when providing educational services. The information I obtain is considered personal and private and should in no way be used in a prejudicial manner.

Print Name

Employee/Volunteer Signature

Date

