VERMONT Request for a Child Protection Registry Check: **SELF** (03/31/17)

Print clearly and sign before an official notary public. Incomplete forms and those submitted by email or fax will not be processed.

Applicant Information

First Name	Middle Name	Last Name
Current Street Address		Town/City
County	State	Zip
Date of Birth (m/d/y) ____ /____ /_____	Gender: ☐ Female ☐ Male	SSN (last 4 digits only) XXX-XX-_ _ _ _

Please list any other names you have used (e.g., aliases, maiden name). Include the first, middle and last names.

Any previous addresses in Vermont (include street address, town, and zip code)

_____

_____

Any previous findings or substantiations by a child protection agency:

_____

Allegation — Approximate date of findings — Address where you were living at the time

_____

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Official Notary Public Use

This person_____ appeared before me on this date ____/_____/_____,

in the State or Country of _____ in the county of _____.

I authorize release of the Child Protection Registry check results to the person listed on the enclosed envelope.

_____ _____

Applicant's Signature **Date Signed**

This person provided satisfactory evidence to be the person named above.

_____ _____

Name & Title of Notary **Signature of Notary**

Official Seal/Stamp Below

____/____/_____

[Commission expires]

DCF Use Only: Results of the Child Protection Registry Check

☐ Your name **does not** appear in the registry as of ___/_____/_____.

Presence of the DCF seal indicates the record is clear.

☐ Your name **does** appear in the registry.

_____

Date of substantiation Category

_____

Date of substantiation Category

Signature of Commissioner's Designee_____ Date _____

Mail your completed form and a self-addressed, stamped envelope to:

DCF - Child Protection Registry, HC 1 North Bldg. B, 280 State Drive, Waterbury, Vermont 05671-1080

Please send by U.S. Postal Service. Do not send by private courier or delivery service (e.g., Fedex or UPS).