Department for Children and Families/ Child Development Division
RECORDS CHECK AUTHORIZATION

The applicant for a Legally Exempt Child Care Certificate must read, complete, and sign this form. In addition, if legally exempt child care is going to be provided in the home of the applicant, all members of the applicant's household who are sixteen years or older must also read, complete and sign this form. The accuracy of any information obtained from the Vermont Criminal Information Center may be appealed by writing to: Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont 05671-2101.

1. **Person applying for a Legally Exempt Child Care Certificate complete and sign this section.**

_____ _____ _____
Print name (last, first, middle) Date of Birth Social Security #

_____ _____
Print maiden and all other last names used Place of Birth (Town & State)

Print town in which you live:_____ Telephone Number: _____

Have you ever been convicted or found by a court to have committed a felony? Yes ____ No ____
A fraud? Yes_____ No_____ If yes when_____ where_____
A crime of violence? Yes_____ No_____ If yes when_____ where_____
An unlawful sexual activity? Yes_____ No_____ If yes when_____ where_____
Or had abuse or neglect substantiated against you? Yes ___ No ____ If yes when_____ where_____

I authorize the Department to perform an investigation, and examine records including , but not limited to, the child abuse and neglect records maintained by the Department and criminal records maintained by the Vermont Criminal Information Center.
Signature:_____ **Date:** _____

2. **Others who live in your home who are 16 years or older, complete and sign this section.**

_____ _____ _____
Print name (last, first, middle) Date of Birth Social Security #

_____ _____
Print maiden and all other last names used Place of Birth (Town & State)

Have you ever been convicted or found by a court to have committed a felony? Yes____ No ____
A fraud? Yes ____ No____ If yes when_____ where_____
A crime of violence? Yes _____ No _____ If yes when_____ where_____
An unlawful sexual activity? Yes _____No _____ If yes when_____ where_____
Or had abuse or neglect substantiated against you? Yes ___ No ____ If yes when_____ where_____

I authorize the Department to perform an investigation, and examine records including , but not limited to, the child abuse and neglect records maintained by the Department and criminal records maintained by the Vermont Criminal Information Center.
Signature:_____ **Date:** _____

3. **Others who live in your home who are 16 years or older, complete and sign this section.**

_____ _____ _____
Print name (last, first, middle) Date of Birth Social Security #

_____ _____
Print maiden and all other last names used Place of Birth (Town & State)

Have you ever been convicted or found by a court to have committed a felony? Yes ____ No ____
A fraud? Yes ____ No _____ If yes when_____ where_____
A crime of violence? Yes _____ No _____ If yes when_____ where_____
An unlawful sexual activity? Yes _____ No _____ If yes when_____ where_____
Or had abuse or neglect substantiated against you? Yes ___ No ____ If yes when_____ where_____

I authorize the Department to perform an investigation, and examine records including , but not limited to, the child abuse and neglect records maintained by the Department and criminal records maintained by the Vermont Criminal Information Center.
Signature:_____ **Date:** _____

Call the **Child Development Division at 1-800-649-2642** to request forms for additional names.

Please return white copy – keep yellow for your records