



Agency of Human Services  
 Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306  
 AND  
 Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

**CONSENT FOR RELEASE OF REGISTRY INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Last 4 digits of your Social Security Number: XXX XX \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth (city, state): \_\_\_\_\_

Other *FIRST* names I have used, if any (i.e. Nicknames, Aliases): \_\_\_\_\_

Other *LAST* names I have used, if any (i.e. Maiden Names, Aliases): \_\_\_\_\_

Please select ONE of the following:

\_\_\_\_ Volunteer for the following UVM Extension program - Master Gardener or Master Composter  
 in \_\_\_\_\_ county.

I, \_\_\_\_\_, hereby acknowledge and agree to a check of any record of criminal convictions per the National Child Protection Act, which may be maintained by the Vermont Crime Information Center, criminal record repositories of other states where I have been employed, volunteered or resided, and the FBI.

In addition to Vermont, I have resided or been employed in the following state: \_\_\_\_\_

I understand that the results of that check will be made available to The University of Vermont Extension 4-H for use in reviewing my suitability for employment or volunteering. I further understand that within 30 days of receiving the results of the record check, I have the right to appeal the findings in writing to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

*(Signed in the presence of agency official or notary)*

IDENTITY VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

*(Signed by official making identification)*

**IMPORTANT:** Send the completed form via UVM’s secure file transfer site at:  
<https://filetransfer.uvm.edu/> -- this is the most secure way to send this file. You will select “Send to a UVM Affiliate”. Click on “Menu”, select “Send files”, enter “From: Your email address”, in the “To:” line, enter [debra.heleba@uvm.edu](mailto:debra.heleba@uvm.edu) if you are a course student. For current EMGs or transfers, enter [master.gardener@uvm.edu](mailto:master.gardener@uvm.edu). Subject: Background check. Click on the “Add File” button to upload the file. When it uploads to 100%, click on “Share Files”. You will see a message, “Your Files Have Been Sent”.  
**If you are not able to send via a UVM Large File Transfer**, you can mail your form to:  
 UVM Master Gardener, Attn: Lisa, 63 Carrigan Dr., Jeffords Hall-206, Burlington VT 05405.