

VCIC/VT DMV/SSCI(National)



City of Burlington--Licensing Division
Background Consent/Release Form

Applicant's Legal Name (printed)

Alias' _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ Licensing State _____

Applicant's Current Address

City _____ State _____ Zip _____

Applicant's Addresses for last five years

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. I understand that I may be required to have one or more of the record checks listed below completed at my expense..

- Vermont Criminal Information Center (VCIC) Criminal Background Check
- Vermont Department of Motor Vehicles (3-year or Full Record)
- SSCI -- National Criminal background records/information which includes the following:
 - Sex Offender Registry Checks
 - Addresses
 - Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence as is permitted by law. I

Print Name: _____ Date: _____

Signature: _____

MAKE CHECK OUT FOR \$45.00 TO CITY OF BURLINGTON