

VERNON PUBLIC SCHOOLS



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FINGERPRINT RELEASE FORM

I _____ give my permission to
(Name of Applicant)

release the information obtained by _____
(Where Fingerprinted)

from a national and state criminal records check on approximately
_____ to the Vernon Board of Education.
(Date Fingerprinted)

(Date)

(Signature)

7/1/2013 (Rev/FP)

The Vernon Public Schools, in partnership with family and community, is committed to provide a quality education, with high expectations, in a safe environment where all students become independent learners and productive contributors to society.