Milton Town School District
42 Herrick Avenue, Milton, VT 05468-3097, Human Resource Office (802) 893-5304, Fax: (802) 893-3020

Amy Rex
Superintendent

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Human Resources

CONFIDENTIALITY FORM

The Milton Town School District recognizes that during the course of your volunteering/chaperoning or providing professional services, you may receive or become aware of personal information regarding students. District policy and the law require that all Milton Town School District volunteers/professional services keep such information confidential. (This requirement does not serve to limit any individual's obligation under Vermont Law as a mandatory child abuse reporter.)

Milton Town School District policy and federal law also specifically require the maintaining of confidentiality of personally identifiable information of students in educational records, as provided for in the Family Educational Rights and Privacy Act ('FERPA'), Individuals with Disabilities Act ('IDEA'), and state law. Educational records are defined as records that are directly related to a student and maintained by an educational agency or institution (34 C.F.R. §99.3). "Record" is defined as any information recorded in any way, including, but not limited to, handwriting, print, computer media, video or audio tape, film, microfilm, and microfiche (34 C.F.R. §99.3).

I, ___________________________ (Print Full Name) understand and acknowledge that during the course of my services with the Milton Town School District I may become aware of personal information regarding students, including, but not limited to, information in educational records as defined by FERPA and Vermont State Board of Education Rule 2365. I understand and acknowledge that violations of the law and/or Milton Town School District's policies on confidentiality and FERPA constitute grounds for discipline, up to and including termination of services.

Volunteer/Chaperon's/Professional Service's Signature __________________________ Date ________________

Please list your Professional Service's: ________________________________________________

Should you be Chaperoning or Volunteering in/for your child (s) classroom please list your child’s name and classroom teacher's name below. This information will be confidentiality.

Child’s Name(s): ____________________________

Classroom Teacher’s Name: ____________________________

Great Schools, Strong Community, Successful People
VERMONT CRIMINAL INFORMATION CENTER
VULNERABLE POPULATIONS PROGRAM (TITLE 20)
#1 VERMONT RELEASE FORM

1. Applicant: ___________________________________________ 2. Gender: __________
   Last Name    First Name    Middle Name

3. Maiden or Alias Names: ______________________________________________________________

4. Other FIRST names used, if any (i.e. Nicknames, Aliases): ____________________________

5. Address: ____________________________________________________________
   Street                        City/Town          State          Zip

6. Date of Birth: ______________  7. Place of Birth: ____________________________
   Month /Day /Year              City/Town          State          County

8. Telephone Number: ______________  9. Last four digits of social security number: __________ (xxxx)

#2. RELEASE FOR SUBSCRIPTION SERVICE

Pursuant to Title 16, Chapter 5, Section 255 recognized Supervisory Union or Recognized School Officials are
entitled to receive criminal conviction record information on an applicant applying for employment or
Volunteering for an educational facility. Title 20, Chapter 117, Section 2064 now allows an educational facility to
receive conviction information on any criminal record with an applicant permission during the course of
Employment.

_____ I give permission for the educational facility above to receive updates to my criminal conviction record via
VCIC’s subscription service.

_____ I do not give permission for the educational facility above to receive updates on my criminal conviction
record.

I understand that this criminal record information will be used in reviewing my suitability for
employment/volunteering. I understand that within 30 days of receiving the results of the record checks, I have
the right to appeal the findings to the Vermont Crime Information Center, Department of Public Safety, 45 State
Street, Waterbury, VT 05671-1300.

#3. Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry.

_____ I hereby authorize release of any information of reports of abuse, neglect or exploitation
substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont
Child Protection Registry.

SIGNATURE: ___________________________________________ DATE: ______________
(APPROVAL FOR ALL THREE RELEASES)

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