

**Criminal Justice Council
Vermont Police Academy**
317 Academy Road
Pittsford, VT 05763
www.vcjtc.vermont.gov

[phone] 802-483-6228
[fax] 802-483-2343

Office of the Executive Director

Date:

Name:

Agency:

Address:

The Vermont Criminal Justice Council is requesting a transcript of any and all documented police training for the following individual who is looking to have their police training and certification recognized in the State of Vermont.

Full Name:

Other Names Used (including maiden name):

Date of Birth:

Social Security Number

ATTACHED YOU WILL FIND A RELEASE OF INFORMATION FORM SIGNED BY THE INDIVIDUAL
REQUESTING A FULL-TIME CERTIFICATION WAIVER IN THE STATE OF VERMONT BASED ON
THEIR TRAINING AND EXPERIENCE IN YOUR STATE.
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PLEASE PROVIDE THE FOLLOWING INFORMATION:

Individual is/was Full-Time certified as a Police Officer in your State? Yes: ☐ No: ☐

What date was the individual certified? _____ When did the certification end? _____

Based on your training records, what was the character of service for this individual?

No derogatory information found _____

No records on above Name/DOB _____

Curriculum Transcript/Records Attached**Please provide a Basic Training Curriculum Summary with
an hourly breakdown for each course taught in your basic program.

Please contact Director of Administration, Lindsay Thivierge at (802) 398-7692 or via email,
Lindsay.thivierge@vermont.gov if you need further information to process this request.

