



VERMONT CRIMINAL JUSTICE COUNCIL
OFFICIAL TRANSCRIPT FORM

The purpose of this form is to obtain consent to access academic and training records for the below named individual.

DATE: _____

LAST NAME: _____ FIRST NAME: _____

MIDDLE: _____ SSN: XXX/XX/____ DOB: (MM/DD/YYYY)_____

EMAIL: _____ PHONE: _____

STREET ADDRESS: _____ APT/SUITE _____

CITY _____ STATE _____ ZIP CODE _____

FORMER NAMES: _____

I have applied for law enforcement certification transfer from _____ to Vermont and my signature hereby authorizes you to furnish the Vermont Criminal Justice Council with any official documentation relevant to my academic and certification record, while pursuing a career in law enforcement and employed as a law enforcement officer, in the state of _____.

SIGNATURE: _____ DATE: _____