



219 North Main Street | Suite 402 | Barre, VT 05641
(P) 802-479-1700 | (f) 802-479-4313

Authorization to Release License Verification Information

The AUTHORIZATION TO RELEASE LICENSE VERIFICATION INFORMATION form may be used when an out of state agency is requesting license verification.

License verification details cannot be forwarded to any other Agency without this form.

You must complete the following steps:

1. Complete this form.
2. Send the original completed form to the Vermont Agency of Education.
 - By email: aoe.licensinginfo@vermont.gov
 - Or mail to:
The Vermont Agency of Education
219 North Main St. Suite 402
Barre, VT 05641



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**AUTHORIZATION TO RELEASE
LICENSE VERIFICATION INFORMATION
FROM THE VERMONT AGENCY OF EDUCATION**

I, _____, Social Security # _____
(Print name)

hereby authorize the Vermont Agency of Education to release my license details to the following agency (Please provide full address)

Please provide any former names: _____

I understand that the following information will be included in the verification:

1. My name
2. My date of birth
3. Last 4 digits of my social security number
4. License endorsement code
5. Instructional level
6. Issued date of license
7. Expiration date of license
8. Any disciplinary actions that have occurred towards my license.

(Signature)

(Date)