



NEW BEDFORD PUBLIC SCHOOLS

PAUL RODRIGUES ADMINISTRATION BUILDING
455 COUNTY STREET
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SUPERINTENDENT

"We are committed to developing a community of learners who are academically proficient, demonstrate strong character and exhibit self-confidence."

GNBEPS

Department of Children and Families Record Check

(Please print)

I authorize the Department of Children and Families to disclose to the New Bedford Public Schools any and all information regarding any record(s) I may have on file with the Department of Children and Families. I induce the Department of Children and Families to disclose any information. I hereby release the Department of Children and Families, its Directors, Officers, employees and agents from any and all liability for disclosing same.

As an applicant for the position of _____, at _____ school, I understand
(if volunteer or chaperone)
that a record check will be conducted and that it will not necessarily disqualify me as a candidate for the position.

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

MOTHER'S NAME FATHER'S NAME

DATE OF BIRTH: ____ - ____ - ____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

APPLICANT SIGNATURE DATE

PHOTO ID Attached: _____ NOTARY SEAL/STAMP Required

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, proved to me through satisfactory evidence of identification which was _____, to be the person whose name is signed on the preceding document.

DCF REGISTRY USE ONLY

RECORD ATTACHED: _____ NO RECORD: _____ DATE: _____

DCF 12/14