



NEW BEDFORD PUBLIC SCHOOLS

PAUL RODRIGUES ADMINISTRATION BUILDING
455 COUNTY STREET
NEW BEDFORD, MASSACHUSETTS 02740
www.newbedfordschools.org

(508) 997-4511

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

SCHOOL: _____

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 that a record check will be conducted and that it will not necessarily disqualify me as a candidate for the position. (if volunteer or chaperone)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: ____ - ____ - ____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

MOTHER'S NAME

FATHER'S NAME

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 7/18



The New Bedford Public Schools do not discriminate on the basis of age, gender, race, color, religion, ethnicity, national origin, disability, sexual orientation, ancestry, homelessness, gender identity, gender expression or immigration status.

