



# NEW BEDFORD PUBLIC SCHOOLS

PAUL RODRIGUES ADMINISTRATION BUILDING  
455 COUNTY STREET  
NEW BEDFORD, MASSACHUSETTS 02740  
[www.newbedfordschools.org](http://www.newbedfordschools.org)

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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 \_\_\_\_\_, 200\_\_\_\_, 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 7/09

 The New Bedford Public Schools do not discriminate on the basis of age, gender, race, color, national origin, religion, disability or sexual orientation. 