



**NEW BEDFORD PUBLIC SCHOOLS**

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

(508) 997-4511 Fax (508) 991-7483

HEATHER D. LARKIN  
ASSISTANT SUPERINTENDENT  
STUDENT SERVICES

JANE L. DALY  
ASSISTANT SUPERINTENDENT  
ACCOUNTABILITY AND  
SCHOOL IMPROVEMENT

DANIELLE CARRIGO, ED.D.  
ASSISTANT TO THE SUPERINTENDENT  
FOR EQUITY, DIVERSITY AND  
FAMILY ENGAGEMENT

CHERYL A. COSTA  
HUMAN RESOURCES  
MANAGER

DEBORAH H. BROWN  
BUSINESS MANAGER

MARY LOUISE FRANCIS, ED.D.  
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 09/11

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