



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

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

PORTIA S. BONNER, PH.D. SUPERINTENDENT

RONALD F. SOUZA, ED.D. DEPUTY SUPERINTENDENT

GNBEPS

DENNIS WINN ASSISTANT SUPERINTENDENT CURRICULUM & INSTRUCTION
MARY LOUISE FRANCIS, ED.D. ASSISTANT SUPERINTENDENT ACCOUNTABILITY & SPECIAL PROGRAMS

HEATHER LARKIN ASSISTANT SUPERINTENDENT STUDENT SERVICES

FRED FUENTES ASSISTANT SUPERINTENDENT EQUITY & DIVERSITY

LAWRENCE W. OLIVEIRA CHIEF ADMINISTRATOR FINANCE & OPERATIONS

Department of Social Services Record Check

(Please print)

I authorize the Department of Social Services 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 Social Services. I induce the Department of Social Services to disclose any information. I hereby release the Department of Social Services, 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)

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.

DSS REGISTRY USE ONLY

RECORD ATTACHED: NO RECORD: DATE: