DOUGLAS PUBLIC SCHOOLS

Criminal History Record Information/ Fingerprint History Verification of Suitability Form

AUTHORIZATION OF RELEASE

Date
I,
I,(Please print name)
give
(School District that is retaining fingerprint information)
Permission to release to the Douglas Public Schools a copy of my Fingerprint History Verification of Suitability Form.
SIGNATURE
DATE OF BIRTH
Please mail information to:
Lauren Tibbetts
Executive Assistant
to the Superintendent
Douglas Public Schools
21 Davis Street
Douglas, MA 01516
EMAIL or FAX to:
ltibbetts@douglasps.net

Lauren Tibbetts 508-476-4423

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