



THOMAS ANDERSON
SUPERINTENDENT

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."

KAREN A. TREADUP
DEPUTY SUPERINTENDENT

ANDREW O'LEARY
ASSISTANT SUPERINTENDENT
OF FINANCE & OPERATIONS

HEATHER EMSLEY
EXECUTIVE DIRECTOR OF
HUMAN CAPITAL SERVICES

JENNIFER FERLAND
EXECUTIVE DIRECTOR OF
STRATEGIC INITIATIVES & PARTNERSHIPS

SANDRA FORD
EXECUTIVE DIRECTOR OF
SPECIAL EDUCATION & STUDENT SERVICES

SONIA WALMSLEY
EXECUTIVE DIRECTOR OF
EDUCATIONAL ACCESS & PATHWAYS

Department of Children and Families (DCF) Adam Walsh/ Child Protective Service (CPS) Background Record Request Form

The 2006 Adam Walsh Act allows private and public organizations to request a search of the Massachusetts Department of Children and Families (Department) Central registry to determine if the named individual below has any substantiated report of child abuse and/or neglect within the Commonwealth of Massachusetts. The CPS central registry check does not include unsubstantiated reports, Criminal Offender Record Information (CORI) or Sexual Offender Registry Information (SORI). Public and private organizations are responsible to follow their respective procedures for obtaining such information.

I, _____, understand that the Department will review information contained within its Central Registry of Child Abuse/Neglect. I authorize the Department to provide such information to the agency/organization named below. I further certify that the information below is correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH

PLACE OF BIRTH

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

MOTHER'S MAIDEN NAME

- ONLY Law enforcement organizations/Sherriff Departments and State Child Welfare Organizations can mail or fax inquiries on their organization letterhead to 617-748-2441 or the mailing address above.
- All other organizations or individuals must mail in their request. The request must be notarized and mailed to: Massachusetts Department of Children and Families, Background Record Check Unit, 600 Washington Street, Boston, MA 02111. You must also include a stamped, self-addressed envelope.

NOTARY INFORMATION & STAMP OR SEALED

Official Use ONLY

Revised-March 2020



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.

