

HARVARD PUBLIC SCHOOLS

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39 Massachusetts Avenue • Harvard, Massachusetts • 01451
(978) 456-4140 • FAX (978) 456-8592

Linda G. Dwight
Superintendent

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth Place of Birth

Last Six (6) Digits of Your Social Security Number: ____ - ____ - ____

Sex: ____ Height: ____ft. ____in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form of government issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

*****PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE WITH THIS FORM*****