



# HARVARD PUBLIC SCHOOLS

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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\*\*\***