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# Haverhill Public Schools

## *Human Resources*

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### **Haverhill Public Schools Request for Fingerprint Suitability Form**

If you were previously fingerprinted by IdentGO Massachusetts **within seven (7) years**, please complete this form and give it to the district in which you were fingerprinted for. Please forward the suitability letter to the name and address on the bottom.

Date: \_\_\_\_\_

I, \_\_\_\_\_  
(Please print name)

give \_\_\_\_\_  
(School District that is retaining fingerprint information)

permission to release to the Haverhill Public Schools, a copy of my Fingerprint History Verification of Suitability Form.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date of Birth)

Please mail or email the information to:

Judy Manzi  
Intake Coordinator, Human Resources  
4 Summer Street Room 104  
Haverhill, MA 01832  
jmanzi@haverhill-ps.org