



Alison LeClair, Ed.D., Superintendent

EASTHAMPTON PUBLIC SCHOOLS

EASTHAMPTON MUNICIPAL BUILDING

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Easthampton, MA 01027

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(413) 529-1567 FAX

e-mail: superintendent@epsd.us

website: www.epsd.us

SUBJECT INFORMATION:

(copy of driver's license or government picture identification must be attached to this form)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (if applicable)

Phone number

DATE OF BIRTH

PLACE OF BIRTH

Last six Digits of Your Social Security Number (required) xxx - ____ - ____

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(s) of government issued identification:
(a copy of picture identification must be attached to this form)

Verified by: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

A great place to learn and grow.

The Statewide Applicant Fingerprint Identification Services (SAFIS) Morpho Trust USA Identogo™ registration website is available to begin scheduling fingerprinting appointments and includes information on fingerprinting sites. You will be required to provide the Easthampton Public Schools ESE Organization Code 00860000.

IdentoGO – Book Your Appointment

Online at INDENTGO.COM

OR CALL – 866.349.8130

Please send receipt in - attention Rosemary Mason.