



STATEWIDE APPLICANT FINGERPRINT IDENTIFICATION SERVICES (SAFIS)

Public School District and Private School Point of Contact Designation Form

As part of the Commonwealth of Massachusetts Statewide Applicant Fingerprint Identification Services (SAFIS) program, the Massachusetts Department of Criminal Justice Information Services (DCJIS) will disseminate state and national criminal history record check results to public school districts and private schools using the Commonwealth's secure e-mail system known as SecureMail. The DCJIS requests each public school district and private school to identify one individual to serve as a point of contact who will be responsible for receiving all SAFIS results. This individual must be approved by the organization's respective Superintendent, Charter Leader, or Private School Director. Please note: due to security requirements, the DCJIS will only disseminate results to an official organization e-mail account.

Point of Contact Details
Please complete this section for the point of contact for your organization who will be responsible for receiving SAFIS results. All fields are required.
First Name:
Last Name:
Title:
Official E-mail Address:
Organization Name*:
Department of Elementary and Secondary Education Organization Code*:
Phone Number:
Street Address**:
City, State, Zip:
Please complete this section for the approving Superintendent, Charter Leader, or Private School Director.
First Name:
Last Name:
Title:

*If this individual is serving as the point of contact for more than one organization, please continue to Page 2.
**For public school districts, please list the district address. For private schools, please list the school address.

Please e-mail the completed form to safis@state.ma.us





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**Public School District and Private School Point of Contact Designation Form
Continuation Page**

Additional Organizations

Please complete this section for additional organizations for whom the point of contact listed on Page 1 will be receiving SAFIS results. Please complete and attach this page as many times as necessary.

Point of Contact Name:

Official E-mail Address:

Organization Name:

Department of Elementary and Secondary Education Organization Code:

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