



Nantucket
**Lighthouse
School**

Criminal History Record Information/ Fingerprint History Verification of Suitability Form

AUTHORIZATION OF RELEASE

Date

I, _____
(Please print name)

give _____
(Independent School / School District that is retaining fingerprint information)

permission to release to the **Nantucket Lighthouse School** a copy of my Fingerprint History Verification of Suitability form.

SIGNATURE

DATE OF BIRTH

Please mail information to:
Emily Miller
Head of School
Nantucket Lighthouse School
1 Rugged Road
Nantucket, MA 02554