

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

SALADO INDEPENDENT SCHOOL DISTRICT
Agency Name (Please print)

Susan Jackson
Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

**SALADO INDEPENDENT SCHOOL DISTRICT
DEMOGRAPHIC INFORMATION/CRIMINAL HISTORY AUTHORIZATION**

The Salado Independent School District is required by state law to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. (Texas Education Code Section 22.083) The information requested below is necessary to obtain criminal history record information. This information will be treated as personal and confidential and will be used exclusively for the purpose of obtaining criminal history record information.

Please print.

Name _____
Last First Middle

Physical Address _____
Street City State Zip

Date of Birth _____ Sex: Male Female

Driver's License _____
State and Number

Volunteer Purpose and Campus: Check all that apply.

Thomas Arnold Elementary Salado Intermediate Salado Jr. High Salado High School

Field Trip Chaperone Mentor
 Room Parent Escalera
 Office/Library Watch Dog
 Student Teacher Classroom Observation
 Other: _____

Contact information:

Phone _____ or Email _____

I authorize Salado Independent School District to conduct a Texas DPS Computerized Criminal History (CCH) verification check based on name and DOB identifiers that I have supplied.

Signature _____ Date _____