



CRIMINAL HISTORY RECORD FORM

I authorize the Carrollton-Farmers Branch ISD to obtain any criminal history record information relevant to this request for placement from any pertinent source in accordance with the provisions of the Texas Education Code Section 22.083, and I further authorize any law enforcement agency, including, but not limited to, any police department or the Department of Public Safety as well as the Texas Department of Corrections to furnish the Carrollton-Farmers Branch Independent School District any such record.

Signature **Date**

The information below will be used solely for the purpose of obtaining criminal history information. In order to be considered for placement in a C-FB school, you must complete the information so that a criminal check can be run.

NAME: _____, _____, _____
LAST **FIRST** **MIDDLE**

(Your name exactly as it appears on your drivers' license)

OTHER NAMES, if any have you worked under or been known by: _____

GENDER: Female Male **DATE OF BIRTH:** _____

ETHNICITY: American Indian Black Asian Hispanic Other

DRIVER'S LICENSE NUMBER: _____

STATE: _____ **EXPIRATION DATE:** _____