

Name of Student(s): _____

Schools: ☐Harmony ☐Traditon ☐Highland Forest ☐Sinclair
☐Pecan Valley ☐Salado ☐Oak Crest ☐Legacy ☐Heritage ☐EC High School

EAST CENTRAL INDEPENDENT SCHOOL DISTRICT
AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS INFORMATION

Name of Person and Campus Requesting the Background: _____

Reason for Request: ☐ Employment ☐ Volunteer ☐ **Other** _____

Name of Applicant (Print)

Date

Street Address

City, State, and Zip Code

Social Security Number: _____ Driver License Number: _____

Ethnicity: _____ Sex: _____ Date of Birth: _____ Birth State/Country: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

In accordance with the Texas Education Code, Section 22,083, a school district may obtain criminal history record information relating to applicants who are being considered for employment. Your application for employment with the district shall not be considered complete unless the school district has been given your permission in writing to obtain such criminal history records. The criminal history information obtained by the school district will be used for the purpose of evaluating you as a potential employee with the East Central Independent School District and for no other reason. This information will be used only for the purpose of obtaining state required Criminal History Records. The information will be used solely for employment and will not become part of the applicant's file.

By signing your name below, you will be acknowledging that you have just read and understand the preceding.

I, the undersigned, do hereby authorize the East Central Independent School District complete Access to any and all criminal history record information pertaining to me on file with your agency and do hereby unequivocally grant permission to your agency to release all of said criminal history information to the East Central Independent School District by copies of the actual documents involved or by notation of the original charge and disposition of any charge and thereafter tendering same to East Central Independent School District for its record. A photo of this authorization shall be valid as the original.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

() Copy of report is attached.

() Other responses: _____

Signature of Authorized Personnel Generating Report

Date Completed

Signature of Authorized Administrator