CRIMINAL HISTORY RECORD INFORMATION REQUEST

Confidential*

The Muenster Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please Print				
Name				
Last		First	M	iddle
Social Security N	Tumber	D	ate of Birth	
Driver's License				
	State a	nd Number		
Mailing Address				
	Street	City	State	Zip
Sex: Male	Female	Ethnicity: _	_Black _	White/Other
I understand that ethnicity will not used solely for th	be used to dete	rmine eligibility	for employr	nent but will be
Signature				
Date				

*This form will be removed from the application and filed separately in the HR office.

DPS Computerized Criminal History (CCH) Verification Muenster Independent School District

history (CCH) verification 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. Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore the agency may request that I have a fingerprint search performed to clear any misidentification based on the name and DOB search. For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with MorphoTrustUSA, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, MorphoTrustUSA. Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me. (This copy must remain on file by your agency. Required for future DPS Audits) Signature of Applicant or Employee Please: Check and Initial each Applicable Space CCH Report Printed: YES NO initial Agency Representative Name (Please print) Agency Representative Name (Please print) Date Printed: initial Date initial Date Retain in your files	I ,	, have been notified that a computerized crim	inal
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Rev. 09/2012