# ROCKWALL INDEPENDENT SCHOOL DISTRICT
## Consent to Perform Criminal Background Check

### Confidential

The Rockwall Independent School District is authorized by State law to obtain criminal history record information on individuals applying for positions in the District (Texas Education Code § 22.083). The information requested below is necessary to obtain criminal history record information.

| | | | |
|---|---|---|---|
| Campus/Department | | Position | |
| Applicant's Full Name<br>(Last) (First) (Middle) | | | |
| Applicant's Maiden and/or Other Name(s) Used | | | |
| Applicant's Address<br>(Street) (City) (State) (Zip) (County) | | | |
| Applicant's Social Security # | Applicant's Driver's License # | Applicant's Date of Birth | Applicant's Gender<br>☐ M ☐ F |
| Applicant's E-mail Address | | Applicant's Phone # | |

**List two most recent permanent addresses:**

(1). City: _____ County:_____

State: _____ From: _____ To: _____

(2). City: _____ County: _____

State: _____ From: _____ To: _____

I have been informed that as a part of this process, the District conducts a background check including but not limited to a criminal history background check.

I hereby consent to the District's use of any information secured in performing the background check including but not limited to a criminal history background check, employment or education verifications, personal reference check, and/or driving record check.

I have been informed by the District that I have the right to review and challenge any negative information received that might adversely impact the District's decision. I have also been advised that the District will give me a reasonable opportunity to clear up any mistaken information reported.

I understand that the information I am providing about Date of Birth and Gender will be used solely for the purpose of obtaining criminal history record information.

Applicant Signature _____ Date_____

**Parental consent required if applicant under age 18:**

Parent Signature _____ Date _____