



SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT

1450 Gillette Boulevard · San Antonio, Texas 78224 · (210) 977-7000 · Fax (210) 989-6133

Please submit a  
copy of your  
Driver's License

**Volunteer/Contracted Services Background Check Form**

- Volunteer for club/organization: \_\_\_\_\_
- Clinical Student/Field Student from: \_\_\_\_\_
- Contracted Services: \_\_\_\_\_
- Other: \_\_\_\_\_

**Criminal History Record Form  
(Confidential)**

In accordance with the South San Antonio Independent School District Policy GKG (Local), prospective school volunteers are required to sign a statement of consent allowing the District to obtain their criminal history record. **Senate Bill 9 requires volunteers in a school district to provide a copy of their driver's license or another form of identification containing the person's photograph issued by the United States Government.**

**The information requested below is necessary to obtain criminal history record information.**

PLEASE PRINT

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Circle one:** Gender: Male or Female Ethnicity: White Hispanic Black Other

Please list child/children attending South San ISD. PLEASE ONLY FILL ONE FORM PER HOUSEHOLD FAMILY.

Student Name	Campus	Grade	Teacher

I understand the information I am providing regarding gender, age, and ethnicity will not be used to determine eligibility, but will be used solely for the purpose of obtaining Criminal history record information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***This form will be kept in a confidential file in the SSAISD Human Resources Office.***

# 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](http://www.txdps.state.tx.us) /Crime Records/Review of Personal Criminal History 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

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

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