



# Corsicana Independent School District

## Observation Request Registration

*Please Complete the information requested below*

Date of request: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Number of Observation Hours Requested: \_\_\_\_\_ Grade Level Requested: \_\_\_\_\_

Subject Area Requested: \_\_\_\_\_

Alternative Program Candidate

**NAME of ALTERNATIVE PROGRAM:** \_\_\_\_\_

Current Student

**Name of College/University:** \_\_\_\_\_

**Additional Comments:**

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Please Allow 10 Working Days for your observation request to be processed once all documents have been submitted/received.

Email required documents to:

Kassie Rich

[krich@cisd.org](mailto:krich@cisd.org)

Fax: 903-874-7403

Address: Corsicana High School  
3701 West Highway 22  
Corsicana, Texas 75110



Student Intern  
Observation/placement  
Request  
**Criminal History Authorization Form**  
**Addendum to Application**  
**(Confidential)**

The Corsicana Independent School District Board Policy DBAA (Legal) requires certain prospective student interns to sign a statement allowing the District to obtain criminal history record information. A portion of the Board Policy reads as follows:

A student intern may not perform any observations until:

1. The student intern has provided to a district a driver’s license or another form of identification containing the person’s photograph issued by an entity of the United States government; and
2. The district has obtained from DPS all CHRI that relates to a student intern. A district may all obtain CHRI relating to a student intern from any other law enforcement agency, criminal justice agency, or private consumer-reporting agency. A District may require a student intern to pay any cost related to obtaining the CHRI.  
Education Code 22.0835

The University or Program Director shall inform the prospective student intern when their services are to begin, which will not occur until after review of the individual’s criminal history records.

**PLEASE PRINT:**

College/University: \_\_\_\_\_ Email: \_\_\_\_\_

Full name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City,State,Zip : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
MM/DD/YYYY

I understand the information I am providing about age, sex, and ethnicity will be used solely for the purpose of obtaining criminal history record information for my service as a student teacher for the district.

I hereby consent to your obtaining the above information from the agency; and I agree that such information which the agency has or obtain, may be supplied by you to the agency for release to other companies which subscribe to the agency’s service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IMPORTANT: COMPLETE & EMAIL TO KASSIE RICH at [krich@cisd.org](mailto:krich@cisd.org)**