Campus _____ Teacher's Name _____ Student's Name _____

LOCKHART INDEPENDENT SCHOOL DISTRICT

Volunteer/Voluntario

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS INFORMATION
AUTORIZACIÓN PARA LA DIVULGACIÓN DE INFORMACIÓN DE REGISTROS DE HISTORIA CRIMINAL

Lockhart Independent School District has an obligation to the parents and community to insure that our children are provided a safe and secure learning environment. LISD has a policy to obtain criminal history record information from all persons that have contact with our student on a routine and/or periodic basis (volunteers). This information is confidential and will be used for the purpose of evaluating the person as a school volunteer and for no other reason.

El Distrito Escolar Independiente de Lockhart (LISD) tiene la obligación a los padres y la comunidad para asegurar que nuestros niños se les proporcione un entorno de aprendizaje seguro. LISD tiene una políza para obtener información de antecedentes penales, de todas las personas que tienen contacto con nuestros estudiantes de manera sistemática y / o voluntariamente. Esta información es confidencial y será utilizada para el propósito de evaluar a la persona como un voluntario de la escuela y no por otra razón.

Full Name
*Nombre completo*_____
Last *Apellido* | First *Nnombre* | Middle *Segundo nombre* | Maiden *Apellido de soltera*

Social Security Number
Número de Seguro Social _____

Driver's License #
Licencia de conducir # _____

Date of Birth
Fecha de nacimiento _____

Sex
Sexo _____

Ethnicity
Etnia _____

Signature
Firma _____

Date
Fecha _____

Campus Name
Nombre De Escuela _____

FOR OFFICE USE ONLY:
SÓLO PARA USO OFICIAL:

Information Sent _____ Information Received _____

THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.
Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F https://statutes.capitol.texas.gov/.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method.

Optional Only: If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the Crime Records General Information | DPS (texas.gov) *Review of Personal Criminal History* or call 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 $25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

Applicant Signature:	Date:
Sign and date to acknowledge the statement above.	

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:
Authorized Searcher:
Signature of Authorized Searcher:
Date of Search:

Section 3: Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.

Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of CHRI stored by agency?	**Reminder: DPS does not recommend storing any part of CHRI.** ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	**Reminder: CHRI must be destroyed after authorized purpose has ended.**
Destruction Method	Explain:

CHRI + Audit Resources (CJIS Launch Pad) link