SCHOOL NAME

TEACHER NAME

STUDENT NAME

ANDREWS INDEPENDENT SCHOOL DISTRICT

405 NW THIRD STREET
ANDREWS, TEXAS
432/523-3640

Criminal Record Release Authorization

The Andrews ISD appreciates your interest and willingness to be of assistance on a school campus. Volunteers have provided much needed help for the students and teachers. This additional help is often enough to provide a student with the extra instruction and practice to insure improved academic performance and understanding.

As a result of safety and security concerns for our students, the Andrews ISD requires a criminal record check for all persons who are involved with students. The record check is processed by the District's personnel office and is confidential.

I have read and understand the preceding. I do hereby authorize the Andrews Independent School District to have complete access to any and all criminal history record information pertaining to me on file with your agency, and I hereby grant permission to your agency to release all of said criminal history information to the Andrews Independent School District.

Signature of Applicant _____ Date _____

PLEASE PRINT OR TYPE:

NAME: _____
LAST FIRST MI

ADDRESS: _____ PHONE #: _____

SEX: M F

RACE: _____

DATE OF BIRTH: _____
MONTH / DAY / YEAR

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER LICENSE # _____ STATE _____

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____ , have been notified that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please Print)
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 result of 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 L1 Enrollment Services, 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, L1 Enrollment Services.

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

_____
Date

ANDREWS INDEPENDENT SCHOOL DISTRICT
Agency Name (Please print)

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:
YES _____ NO _____ _____initial

Purpose of CCH: _____

Hired_____ Not Hired_____ _____initial

Date Printed: _____ _____initial

Destroyed Date:_____ _____initial

Retain in your files

Rev. 02/2011