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 */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

SALADO INDEPENDENT SCHOOL DISTRICT
Agency Name (Please print)

CHRISTIE LAUGHLAND
Agency Representative Name (P lease print)

_____
Signature of Agency Representative

_____
Date

Please:
Chech and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Einpl ___ Vol/Contractor ___ _____ initial

Date Printed: _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files

Rev. 09/2013

SALADO INDEPENDENT SCHOOL DISTRICT
DEMOGRAPHIC INFORMATION CRIMINAL HISTORY AUTHORIZATION

The Salado Independent School District is required by state law to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. (Texas Education Code Section 22.083) The information requested below is necessary to obtain criminal history record information. This information will be treated as personal and confidential and will be used exclusively for the purpose of obtaining criminal history record information.

Please print.

Name _____
Last *First* *Middle*

Physical Address _____
Street *City* State *Zip*

Date of Birth_____ Sex: O Male O Female

Driver's License_____
State and Number

Volunteer Purpose and Campus: Check all that apply.

( ) Thomas Arnold Elementary ( ) Salado Creek Elementary
( ) Salado Middle School ( ) Salado High School

- o Watch Dog
- o Chaperone
- o Room Parent
- o Field Trip
- o Office/Library
- o Mentor
- o Student Teacher
- o Classroom Observation

Other:_____

Contact information:

Phone_____or Email _____

I authorize Salado Independent School District to conduct a Texas DPS Computerized Criminal History (CCH) verification check based on name and DOB identifiers that I have supplied.

Signature_____ Date_____