CRIMINAL HISTORY INFORMATION REQUEST

		Confidential*		
			POSITION:	
			LOCATION:	- 300
Subchapter C to student teachers	review the crimina	I history of applicants, teers. The information	y Texas Education Cod employees, independ requested below is n	ent contractors,
Please print.				
Name				
	ast	First		Middle
Social Security Number		Date	Date of Birth	
Driver's License _	State and I		_	
Mailing Address	25			
	Street	City	State	Zip
Phone Number _				
Sex: Male	□Female	Ethnicity: 🗆 B	lack □White □Hispa	anic 🗆 Asian
determine eligibi	t the information I a lity for employmen formation.	it but will be used sole	ge, sex, and ethnicity welly for the purpose of c	vill not be used to obtaining criminal
Signature				
Date				

This form will be removed from the application and filed separately in the HR office.



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

I,, ackn	lowledge that a Computerized Criminal			
APPLICANT or EMPLOYEE NAME (Please print)	•			
History (CCH) check may be performed by accessing the Texas Department of Public Safety Secur				
Website and may be based on name and DOB identified	ers. (This is not a consent form, but serves as			
information for the applicant.) Authority for this agency	to access an individual's criminal history data			
may be found in Texas Government Code 411; Subchapte				
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 wit	h me any CHRI obtained using the name and			
DOB method. The agency may request that I also have				
misidentification based on the result of the name and DO				
In order to complete the fingerprint process I m				
Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us /Crime				
Records/Review of Personal Criminal History or by calli				
submit a full and complete set of fingerprints, request a c	100 VI 100 VI			
a fee of \$25.00 to the fingerprinting services company.	epy or sem to and agency matea colon, and pay			
Once this process is completed the information or	my fingerprint criminal history record may be			
discussed with me.	my imperprint criminal history record may be			
discussed with me.				
(This copy must remain on file by this agend	cy. Required for future DPS Audits)			
Signature of Applicant or Employee (optional)	N			
	Please: Check and Initial each Applicable Space			
Date	CCH Report Printed:			
Lake Travis ISD				
Agency Name (Please print)	YES NO initial			
Evalene Murphy	Purpose of CCH:			
Agency Representative Name (Please print)	Empl Vol/Contractor initial			
OM.	Date Printed:initial			
Signature of Agency Representative				
V	Destroyed Date: initial			

Date

Retain in your files