CRIMINAL HISTORY INFORMATION REQUEST

Confidential

The Argyle Independent School District is required by Texas Education Code Chapter 22, Subchapter C - to review the criminal history of applicants, employees, independent contractors, student teachers, and volunteers. The information requested below is necessary to obtain criminal history record information.

Name:					
Social Security Number:			Date of Birth:		
Driver's Licens	se (State and Number	r)			
Mailing Addre	ess:				
Email:					
Sex:	Male:	Female:			
Ethnicity:	Black:	White/Other:			
I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information.					
Signature:			Date:		
This form will be removed from the application and filed separately in the HR office.					
TASB HR Ser	vices				

TASB HR Services

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DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

•	,			
I,, acknown	owledge that a Computerized Criminal			
APPLICANT or EMPLOYEE NAME (Please print)				
History (CCH) check may be performed by accessing the Texas Department of Public Safety Security				
Website and may be based on <u>name and DOB</u> identifie	rs. (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	r F.			
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	n me any CHRI obtained using the name and			
DOB method. The agency may request that I also have	e a fingerprint search performed to clear any			
misidentification based on the result of the name and DOE	search.			
In order to complete the fingerprint 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	ng the DPS Program Vendor at 1-888-467-2080,			
submit a full and complete set of fingerprints, request a co	ppy 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.				
(This copy must remain on file by this agenc	ev Required for future DPS Audits)			
(This copy must remain on the by this agent	y. Required for future DIS Audits)			
Signature of Applicant or Employee (optional)				
Signature of Applicant of Employee (optional)	Please: Check and Initial each Applicable Space			
Date	CCH Report Printed:			
Agency Name (Please print)	YES NO initial			
rigency runne (Fease print)	Purpose of CCH:			
Agency Representative Name (Please print)	Empl Vol/Contractor initial			
Agency Representative Name (Flease print)	Date Printed: initial			
Signature of Agency Representative				
	Destroyed Date: initial			
	Retain in your files			

Date