



Criminal Background Check Consent Forms:

Any courses that have field experiences will require::

- the completed forms found on the following three pages
- a copy of your driver's license

Forms will be resubmitted each semester in Blocks 1-2. Block 3-4 forms are submitted with your clinical teaching application.

All forms should be submitted electronically as an attachment only to Chelsea Lanier at clanier@tarleton.edu. Call 254-968-1988 or come by Math 101E with questions.

Page 1 - Complete all boxes, sign and date.

Page 2 - Print your name, sign, and date this form. You do NOT have to complete the agency information.

Page 3 - Complete all boxes.

Driver's License - Please submit a legible copy or photograph of the front of your driver's license.

**You cannot be placed for field experience until these are received.
This may result in a delay of placement and/or a placement further
from the campus.**

**TARLETON STATE UNIVERSITY
CRIMINAL HISTORY BACKGROUND CHECK
CONSENT FORM**

Texas public schools are permitted by state law to obtain criminal history records of all personnel employed or involved in volunteer services in the public schools (Texas Education Code Section 22.083). The information requested below is necessary to obtain criminal history record information. I understand the information I am providing about age, sex, and ethnicity will be used only for the purpose of obtaining criminal record information.

Name:	Tarleton ID:	
Current Address:		
City, State, Zip:		
Phone:	Date of Birth:	
Driver's License #:	State:	Expires:

Gender: Male Female

Ethnicity: Are you Hispanic/Latino? Choose only one.
 Hispanic/Latino Not Hispanic/Latino

Race: What is your race? Choose one or more regardless of ethnicity.
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian/Other Pacific Islander White

I understand the purpose for providing the above information. I authorize Tarleton State University to release this information to the necessary school districts in order for them to complete a criminal history background check.

Student's Signature

Date

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

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. (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; Subchapter 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 me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB 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](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) 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 \$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 your agency. Required for future DPS Audits)

Signature of Applicant of Employee

Date

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: _____	
Empl _____	Vol/Contractor _____ _____ initial
Date Printed: _____ _____ initial	
Destroyed Date: _____ _____ initial	
Retain in your files	

Placement Information

FIRST AND LAST NAME:

UIN:

CERTIFICATION AREA/MAJOR:

This form is for **BLOCK 1** **BLOCK 2**

RESIDENCE DURING THE NEXT SEMESTER

- I will be residing in the Stephenville area for the next semester.
- I will not be residing in the Stephenville area for the next semester.

If you indicated you will not be residing in the Stephenville area during the next semester, please indicate the address you will be residing at below:

Address:

City:

*When possible, we will attempt to place you near the address where you are residing.

CLASSROOM AIDE STATUS

- I will be a paid Classroom Aide at a school district in Texas during the next semester.
- I will not be a paid Classroom Aide at a school district in Texas during the next semester.

If you indicated you are a paid Classroom Aide, please indicate the district where you are employed. This does NOT include employment at after-school programs. You must be employed by the school district to qualify for Classroom Aide status.

District where employed:

*When possible, we will attempt to place you at the district where you are employed.