

**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.

<b>Name:</b>		
<b>Permanent Address:</b>		
<b>City, State, Zip:</b>		
<b>Permanent Phone:</b>	<b>Local Phone:</b>	
<b>Social Security #:</b>	<b>Date of Birth:</b>	
<b>Driver's License #:</b>	<b>State:</b>	<b>Expires:</b>

Sex:  Male     Female

Ethnicity:  Native American  
 Asian American  
 Hispanic  
 Black  
 White  
 Other

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

<b>Current Semester and Year:</b>	<b>Course Name and Number:</b>
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If there are any questions or concerns, please contact the Director of Field Experiences at 254-968-9811.

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal 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 information 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 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, L1Enrollment 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 of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____      _____ initial
Purpose of CCH: _____	
Hired _____	Not Hired _____      _____ initial
Date Printed: _____      _____ initial	
Destroyed Date: _____      _____ initial	
<b>Retain in your files</b>	