

## Hereford Independent School District Criminal History Record Information Consent & Release Form

I, \_\_\_\_\_, am an applicant for: **(circle one)** employment/ volunteer/ student teacher/ contractor with Hereford ISD. I have been notified that as a part of the application process, 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. I do hereby consent to the employer use of any information provided during the application process in performing the criminal history check. Hereford ISD is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Last Name	First Name	Middle Name
Maiden and/or Other Last Names Used	City	County
State	DL/ID Number**	Issuing State of DL/ID
Date of Birth**	Social Security Number**	(      ) Home Phone Number

**\*\* To Be Used Only For Criminal History Searches, And Not a Part of the Personnel File**

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer.

1. Have you ever been convicted of any criminal offense other than a traffic violation in this state, in any other state, or in any other country? If YES, please attach an explanation:  YES       NO
2. Have you ever received probation, community supervision, or deferred adjudication of guilt for any criminal offense other than a minor traffic violation in this state, in any other state, or in any other country? If YES, please attach an explanation:  YES       NO
3. Have you been convicted of any offense for physical or sexual abuse of a child?  
If YES, please attach an explanation:  YES       NO
4. Have you ever had a charge of child abuse against you substantiated?  
If YES, please attach an explanation:  YES       NO
5. Have you even been convicted of any criminal offense in a country outside the jurisdiction of the United States?  
If YES, please attach an explanation:  YES       NO
6. As of the date of this authorization, do you have any pending criminal charges against you?  
If YES, please attach an explanation:  YES       NO

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete that grounds for the canceling of any and all offers of employment will exist and may be used at the discretion of the employer.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Applicant Signature \_\_\_\_\_

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

I, \_\_\_\_\_, acknowledge that a Computerized Criminal History (CCH)  
APPLICANT or EMPLOYEE NAME (Please print)

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 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](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2800, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee 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

**HEREFORD ISD**

Agency Name

**Angie Constancio**

Agency Representative Name

\_\_\_\_\_  
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: _____	
Empl _____ Volunteer _____	_____ Initial
Date Printed: _____	_____ Initial
Destroyed Date: _____	_____ Initial
<b>Retain in your files</b>	