

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

I, _____, have been notified that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please Print)
 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/ReviewofPersonalCriminalHistory) 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 or Employee

_____/_____/_____
 Date

Sonora Independent School District
 Agency Name (Please Print)

Kimberly Gonzales
 Agency Representative Name (Please Print)

 Signature of Agency Representative

_____/_____/_____
 Date

FOR OFFICE USE ONLY

Please:

Check and Initial each Applicable Space

CCH Report Printed:

YES ___ NO ___ Initial

Purpose of CCH: ___ Substitute
 ___ Service & Support
 ___ Professional

Other: _____

Empl ___ Vol/Contractor ___ Initial

Date Printed: _____ Initial

Destroyed Date: _____ Initial

Retain in your files

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