



**CRIMINAL HISTORY RECORD RELEASE  
FOR SAN MARCOS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT  
SUPERINTENDENT CANDIDATE**

The San Marcos Consolidated Independent School District may obtain criminal history record information on individuals that intend to serve as volunteers with the District [Texas Education Code Subchapter C. Criminal History Records Section 22.083 (2).]

The information below is needed to request a criminal history check by law enforcement agencies. This form will be filed in the Human Resources Office.

I have read and understand the above information and do hereby authorize the San Marcos Consolidated Independent School District complete access to any and all criminal history record information pertaining to me on file with your agency and do hereby unequivocally grant permission to your agency to release all of said criminal history to the San Marcos Consolidated Independent School District.

Full Name \_\_\_\_\_  
**(Please Print)** Last First Middle

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge 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 this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Date

|  |                            |
|--|----------------------------|
| <b>Please:<br/>Check and Initial each Applicable Space</b> |                            |
| CCH Report Printed:  |                            |
| YES _____  | NO _____ initial           |
| Purpose of CCH: _____                                      |                            |
| Empl ___   | Vol/Contractor ___ initial |
| Date Printed: _____  | _____ initial              |
| Destroyed Date: _____                                      | _____ initial              |
| <b>Retain in your files</b>                                |                            |