

SANTA FE INDEPENDENT SCHOOL DISTRICT
Criminal History Information

Student Teacher Observation

CONFIDENTIAL*

Valuing student safety and security is one of Santa Fe School District's highest priorities. Santa Fe I.S.D.'s Board Policy GKG (Legal) requires all volunteers to sign a statement of consent allowing the District to obtain their criminal history record. The information requested below is necessary to obtain this information. Every area must be complete.

PLEASE PRINT

Legal Name _____
Last First Middle

Address _____
Street City Zip

Phone (____) _____ Sex: (F=Female, M=Male)..... _____

Ethnicity: ____ (B)Black ____ (W)White ____ (H)Hispanic ____ (I)American Indian
____ (A)Asian or Pacific Islander ____ (U)Other _____

Date of birth _____ Social Security number (last 4 digits only) ____ _
Month Day Year

Grade(s) where you will be observing: _____

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining criminal history record information.

I understand this information will be maintained in a confidential file in the Personnel Office.

Signature _____ Date _____

Revised 9/23/2014

Official Use Only Below This Line

Date Approved: _____ **Dated Denied:** _____ **Date Chief Notified:** _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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 record 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/CrimeRecords/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 \$24.95 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

Santa Fe I.S.D.

Agency Name (Please print)

Brandy Meade

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		