

Fort Sam Houston Independent School District

1902 Winans Road
San Antonio, TX 78234-1497

Gail E. Siller, Ph.D.
Superintendent

(210) 368-8701
Fax: (210) 368-8741
gsiller@fshisd.net

Volunteer Criminal History Record Check

In order to determine suitability for volunteering and/or mentoring in a school setting, I authorize the Fort Sam Houston Independent School District, pursuant to Texas Education Code Section 22.083, to obtain any criminal history record information. I understand that this may include a search of law enforcement agency records and hereby expressly release any and all information these agencies may provide.

If there is a need for clarification of my identity, I agree to provide additional information, including, but not limited to photographs and fingerprints.

PLEASE PRINT LEGIBLY IN INK OR TYPE

(Incomplete forms, illegible forms, or forms completed in pencil may be rejected.)

Volunteer's Name: _____
(Last) (First) (Middle)

Other names appearing on official records: _____

Present Address: _____
(City) (State) (Zip Code)

Phone Number (in case of questions regarding this form): _____

Volunteer's Date of Birth: _____ Sex: () Male () Female
(MM/DD/YYYY)

Race (as requested by TX DPS): () White () Black () Other than listed

The following information is required and will be used for purposes of identification only:

Driver's License Number: _____ State: _____

Social Security Number: _____

I will volunteer at the following school(s): Fort Sam Houston Elementary
 Robert G. Cole Middle School
 Robert G. Cole High School
 Military School Districts' Cooperative

You do not need to complete a separate form for each student.

List Student(s) Full Name and Grade: _____

Signature: _____ Date: _____

Office Use Only:

Campus Official's Initials: _____ DPS Clearance Date: _____ Signature of Authorized Rep.: _____

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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, LI Enrollment 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 or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

| | |
|--|--|
| Please: | |
| Check and Initial each Applicable Space | |
| CCH Report Printed: | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> _____ initial |
| Purpose of CCH: _____ | |
| Hire <input type="checkbox"/> | Not Hired <input type="checkbox"/> _____ initial |
| Date Printed: _____ | _____ initial |
| Destroyed Date: _____ | _____ initial |
| Retain in your files | |