Fort Sam Houston Independent School District

4005 Winans Road
San Antonio, TX 78234-1497

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Superintendent

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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

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

☐ **Fort Sam Houston Elementary**   ☐ **Robert G. Cole High School**
☐ **Robert G. Cole Middle School**   ☐ **Military School Districts' Cooperative**

Email address: _____

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, _____ , 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 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

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

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