

Campus _____ Teacher's Name _____ Student's Name _____

LOCKHART INDEPENDENT SCHOOL DISTRICT

Volunteer/Voluntario

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS INFORMATION

AUTORIZACIÓN PARA LA DIVULGACIÓN DE INFORMACIÓN DE REGISTROS DE HISTORIA CRIMINAL

Lockhart Independent School District has an obligation to the parents and community to insure that our children are provided a safe and secure learning environment. LISD has a policy to obtain criminal history record information from all persons that have contact with our student on a routine and/or periodic basis (volunteers). This information is confidential and will be used for the purpose of evaluating the person as a school volunteer and for no other reason.

El Distrito Escolar Independiente de Lockhart (LISD) tiene la obligación a los padres y la comunidad para asegurar que nuestros niños se les proporcione un entorno de aprendizaje seguro. LISD tiene una política para obtener información de antecedentes penales, de todas las personas que tienen contacto con nuestros estudiantes de manera sistemática y / o voluntariamente. Esta información es confidencial y será utilizada para el propósito de evaluar a la persona como un voluntario de la escuela y no por otra razón.

Full Name

Nombre completo _____

Last
Apellido

First
Nombre

Middle
Segundo nombre

Maiden
Apellido de soltera

Social Security Number

Número de Seguro Social _____

Driver's License #

Licencia de conducir # _____

Date of Birth

Fecha de nacimiento _____

Sex

Sexo _____

Ethnicity

Etnia _____

Signature

Firma _____

Date

Fecha _____

Campus Name

Nombre De Escuela _____

FOR OFFICE USE ONLY:

SÓLO PARA USO OFICIAL:

Information Sent _____ Information Received _____

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 identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 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 | |