

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 /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 \$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

Seashore Middle Academy

Agency Name (Please print)

Claudia Detore

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES	NO	initial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of CCH: _____		
Empl	Vol/Contractor	initial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Printed:	_____	initial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destroyed Date:	_____	initial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retain in your files		

Rev. 09/2013



Seashore Middle Academy

Public Charter School



14493 SPID, PMB 385, Corpus Christi, TX 78418

An Island Foundation, Inc. Project

CONFIDENTIAL

Criminal History Record Release

Please Print:

Name _____
Last First Middle

Maiden Name _____
Last First Middle

Aliases: _____
Last First Middle

Last First Middle

Last First Middle

Date of Birth _____ Driver's License No. _____

Sex: Female _____ Male _____

Ethnicity:
Black White American Indian Hispanic Asian Other

I authorize the release of the above information to Seashore Middle Academy, and 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 in accordance with the Education Code 22.083(a) and ESC Policy DC (local).

Signature

Date

In accordance with the Title VI-Civil Rights Act of 1964, Title IX-Education Amendment of 1972, Section 504-Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1992, the Education Service Center, Region 2, does not discriminate on the basis of race, color, national origin, age, sex, or handicap.