

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.

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 (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, L1Enrollment 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

Seguin I S D

Agency Name (Please print)

Anita Cisneros

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: _____ Pre-Employment _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Seguin Independent School District
Volunteer or Student Teacher Clearance Addendum

School Year _____

Any adult who is interested in volunteering and going on field trips must complete this form each school year. Please allow 3 days for processing.

Example: Mother and Father would fill out this form separately.

The Seguin ISD is required by policy to obtain information on all persons volunteering in the district. Each section must be completed, failure to do so may result in an individual being omitted from the volunteer list.

LIST ALL CHILDREN AND CAMPUSES: (PLEASE PRINT)

Student Name: _____

Student Campus/Organization: _____

VOLUNTEER INFORMATION: (PLEASE PRINT)

Full Name: _____

Last _____ First _____ Middle _____

Address: _____

Street _____ City _____ Zip Code _____

Volunteer's

Date of Birth: _____
Month _____ Day _____ Year _____ Phone Number _____ E-Mail Address _____

SEX: Male Female **SISD EMPLOYEE:** Yes No

- Ethnicity:** African American (but not of Hispanic origin)
 White (but not of Hispanic origin)
 Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central and South American or other Spanish culture or origin regardless of race.
 Asian or Pacific Islander
 Other

Drivers License or I.D. # _____ **State** _____ **Social Security #** _____

Relationship to Student _____

Signature _____ **Today's Date** _____

Office Use Only

Campus Code: _____ **Teacher/Room:** _____

Human Resources Department Use Only:

Date Processed: _____ **Status:** _____ **Date:** _____

NOTE: Smaller children are **NOT** allowed to accompany parents on field trips.

Revised: 05/15/2013