



S a n M a r c o s
Consolidated Independent School District

Dedicated to Education... Committed to Excellence

Office 512.393.6702 * Fax 512.393.6720 501 South LBJ Drive P.O. Box 1087 San Marcos, Texas 78667-1087

**CRIMINAL HISTORY RECORD RELEASE
FOR SAN MARCOS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
VOLUNTEERS**

The San Marcos Consolidated Independent School District may obtain criminal history record information on individuals that intend to serve as volunteers with the District [Texas Education Code Subchapter C. Criminal History Records Section 22.083 (2).]

The information below is needed to request a criminal history check by law enforcement agencies. This form will be filed in the Human Resources Office.

I have read and understand the above information and do hereby authorize the San Marcos Consolidated Independent School District complete access to any and all criminal history record information pertaining to me on file with your agency and do hereby unequivocally grant permission to your agency to release all of said criminal history to the San Marcos Consolidated Independent School District.

Full Name _____
(Please Print) Last First Middle

Social Security No. _____ Date of Birth _____

Driver's License Number _____ State Issued _____

Sex: Male _____ Female _____ Race _____

Signature _____ Phone Number _____ Email address _____

Date _____ Campus _____ Teacher/Organization _____

Name of Student

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, X _____, have been notified that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (PLEASE PRINT)

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.

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)

X _____
Signature of Applicant or Employee

X _____
Date

San Marcos CISD _____
Agency Name (Please Print)

Rosie Mendez _____
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	