Sanger Independent School District

Personnel Information / Criminal History Release Form

This form will be removed from the application and filed separately in the Personnel Office. Please complete ALL blanks.

Name (Last)	(First)	(Middle)	
Address	City	State	Zip
Phone # (Home)	(Cell)		
Social Security #			
Date of Birth			
Drivers License #	Drivers License State		
Email:			
Sex :MaleFemale			
Ethnicity:American Indian	Asian	Black, Non	Hispanic
Hispanic	White, Non H	ispanicOt	her
	Please Read and Sign Belo	w	
I hereby give Sanger Independent School Di any Law Enforcement or Criminal Justice Ag Texas Education Code* 22.083)		-	
It is understood that the information shall be work in the Sanger Independent School Dist harmless from the use of said information a	trict. As an applicant herein, I sl	nall hold SISD and all othe	ers agencies
I understand that the original of this release	e approval will be maintained wi	th the Districts files.	
Applicant Signature	Da	te	
	For District Use only		
	Date Processed:		

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I,, have APPLICANT or EMPLOYEE NAME (Please print)	been notified that a Computerized Criminal
History (CCH) verification check will be performed by ac	ecessing the Texas Department of Public Safety
Secure Website and will be based on name and DOB iden	itifiers I supply.
Because the name-based information is not an ex	act search and only fingerprint record searches
represent true identification to criminal history, the orga	nization 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 agenc	y may request that I have a fingerprint 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.

performed to clear any misidentification based on the result of the name and DOB search.

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 NO	initial	
Purpose of CCH:		
Hire Not Hired	initial	
Date Printed:	initial	
Destroyed Date:	initial	
Retain in your files		