DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

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I,, acknow	vledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)	
History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure	
Website and may be based on <u>name and DOB</u> identifiers. (This is not a consent form, but serves as	
information for the applicant.) 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 record information (CHRI), therefore the organization conducting	
the criminal history check is not allowed to discuss with me <u>any</u> CHRI obtained using the <u>name and DOB</u>	
method. The agency may request that I also have a fingerprint search performed to clear any	
misidentification based on the result of the <u>name and DOB</u> search.	
In order to complete the fingerprint process I must make an appointment with the Fingerprint	
Applicant Services of Texas (FAST) as instructed online at www.dps.texas.gov/Crime Records	
Information/Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-	
2080, submit a full and complete set of fingerprints, reque	est a copy be sent to the agency listed below,
and pay a fee of \$25.00 to the fingerprinting services company.	
Once this process is completed the information on my fingerprint criminal history record may be	
discussed with me.	
(This copy must remain on file by this agency. Required for future DPS Audits)	
(This copy must remain on the Ny this agency	inequired for future DI & fraute,
Signature of Contractor	
Signature of Communication	Please: Check and Initial each Applicable Space
Date	CCH Report Printed:
New Caney Independent School District	YES NO initial
Agency Name (Please print)	Purpose of CCH:
Toni Bullock	
rigonoj representative riame (rieuse print)	Empl Vol/Contractor initial
	Date Printed: initial
Signature of Agency Representative	Destroyed Date: initial
	Retain in your files

Date