

Devine Independent School District

605 W. Hondo, Devine, Texas 78016



(830) 851-0795 Fax (830) 663-6706
Dr. Todd Grandjean, Superintendent

Dear Parent, Guardian, or Volunteer

Attached is a required form from the Texas Department of Public Safety (TxDPS) that all parents, guardians, and volunteers must submit *with* their Criminal History Authorization form.

The DPS Computerized Criminal History (CCH) Verification form simply explains that in the event there is a problem or misidentification with the Criminal History Authorization form (which is only based on your name and date-of-birth), *you have the option* of submitting a fingerprint search through the Texas Department of Public Safety at the cost of \$25.

Fingerprint searches are not necessary unless you feel there is a question of misidentification based on the initial Criminal History Authorization form (name/DOB search).

Devine ISD must now keep a copy of this verification form on file along with your Criminal History Authorization form.

If you have any questions, please do not hesitate to call me at (830) 851-0702.

Thank you,

Daryl W. Wendel
Assistant Superintendent



Devine Independent School District

605 W. Hondo, Devine, Texas 78016

(830) 851-0795 Fax (830) 663-6706
Dr. Todd Grandjean, Superintendent

Human Resource Office

Criminal History Authorization

Pursuant to Texas Education Code, Section 22.083, school districts are authorized to obtain a criminal history record on any person who has indicated in writing, an intention to serve as a **volunteer** with the district.

I hereby authorize Devine ISD to conduct investigation inquiries from any law enforcement or criminal justice agency all criminal record information to determine my acceptability to serve as a **volunteer** with Devine ISD. I may be discharged from my position if the district obtains information of my conviction for a felony, or any offense involving moral turpitude, that I did not disclose to the district.

COMPLETE INFORMATION BELOW AND RETURN TO DISTRICT

Full Name: _____
Last First Middle

Address: _____ Child's Name: _____

City & Zip: _____ Teacher's Name: _____

Child(s) names on other campuses: _____ Date of Field Trip: _____

_____ (Campus)

Date of Birth: _____ Texas Driver's License: _____

Social Security: _____ Sex: Male Female

Race: Check One

Asian or Pacific Islander American Indian or Alaskan Native Hispanic

Black, not of Hispanic Origin White, not of Hispanic Origin

This information will be used *only* for the purpose of obtaining state required criminal history records.

Signature

Date

SUBMIT FORM AT LEAST TWO WEEKS PRIOR TO FIELD TRIP.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge 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 name and DOB 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 any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB 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.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 \$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)

Signature of Applicant or Employee (optional)

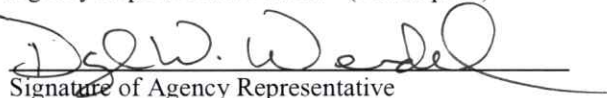
Date

Devine ISD

Agency Name (Please print)

Daryl W. Wendel

Agency Representative Name (Please print)


Signature of Agency Representative

01/29/2020

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	