



Marble Falls ISD

Forma de Voluntario o Mentor Solicitud de Información sobre Antecedentes Penales

Confidencial

El distrito Escolar Independiente de Marble Falls es requerido por el Código de la Educación de Texas, Capítulo 22, Subcapítulo C a revisar la historia criminal de solicitantes, empleados, contratistas independientes, maestras estudiantiles, y voluntarios. La información requerida abajo es necesaria para obtener la información de registro de antecedentes penales.

Por favor de escribir en letra de molde

Nombre _____
Apellido Nombre Segundo Nombre

Número de Seguro Social _____ Fecha de Nacimiento _____

Numero de Licencia/ID _____
Numero Estado

Dirección _____
Calle Ciudad Estado Código

de Celular _____ # en Casa _____

Correo Electrónico _____

Género: Masculino Femenino Etnicidad: Negro Blanco/Otro

Entiendo que la información que proporciono acerca de la edad, sexo, origen y etnicidad será utilizada exclusivamente con el fin de obtener información de registro de antecedentes penales.

Signature: _____ Date: _____

Marble Falls ISD has an unyielding commitment to LOVE every child and INSPIRE them to achieve their fullest potential.

**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/Review%20of%20Personal%20Criminal%20History) 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

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: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	