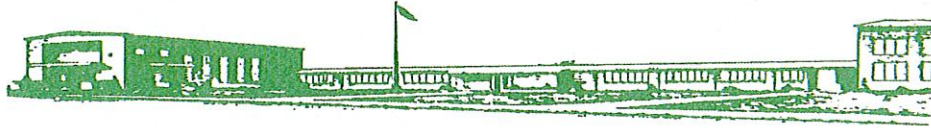


# BLOOMINGTON INDEPENDENT SCHOOL DISTRICT



*Office of the Superintendent*

Mark Anglin  
Superintendent of Schools

Post Office Box 158  
Bloomington, Texas 77951  
Phone: (361) 897-1652  
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## CRIMINAL HISTORY INFORMATION FORM

**Please complete the information below and return it to the Administration Office.**

*(Please print)*

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Texas Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Last 4 digits of Social Security: \_\_\_\_\_ Ethnicity: Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_

**NOTE TO PARENTS, GRANDPARENTS & GUARDIANS:** If you are simply requesting to be with your child, grandchild, foster child or ward during the school time or during a school event or activity, it is not necessary to make a formal application or volunteer. However, if you are requesting to volunteer in a capacity where you will have supervisory control over students who are not your own or where you will have regular or frequent contact or association with students not your own, then you must sign this criminal history consent and waiver form.

Parent/Guardian: Yes / No

Grandparent: Yes / No

My signature below acknowledges that Bloomington ISD will complete a criminal history check on me as part of the application process, and my signature also authorizes the district to proceed and complete the required criminal history check.

\_\_\_\_\_  
(Signature of Applicant/Employee)

Date: \_\_\_\_\_

### FOR VOLUNTEERS

What are you volunteering for? \_\_\_\_\_ When? \_\_\_\_\_

What school(s) PES BES BMS BHS What grade level(s) \_\_\_\_\_

## 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.dps.texas.gov/Crime Records Information/Review of Personal Criminal History](http://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, 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

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