

# Coahoma ISD

...leading the way into the future

## CRIMINAL HISTORY INFORMATION REQUEST

The Coahoma Independent School District requires an authorization to conduct a criminal history background check for volunteers.

The information obtained is confidential and will only be used to determine the eligibility to serve as a volunteer. By completing and signing this form, you are authorizing CISD to obtain copies of any information pertaining to any criminal record maintained by any law enforcement agency or criminal justice agency as required by Texas Education Code chapter 22, Subchapter C.

Please print and use blue or black ink.

COMPLETE ALL INFORMATION

Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(last) (first) (middle/initial) (month) (day) (year)

Address: \_\_\_\_\_  
(street) (city & state) (zip code)

Telephone: \_\_\_\_\_ TX Driver's License/I.D.: \_\_\_\_\_  
(cellular) (state) (number)

Other names: \_\_\_\_\_ Gender: Male ☐ Female ☐

Please circle one of the following options

Ethnicity: Asian/Pacific Islander Black Hispanic Native America White Other

Are you relative of a current Coahoma ISD student?

If yes, please list students name, grade, and relationship:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How would you like to volunteer?

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*It is the policy of the Coahoma Independent School District to provide an equal opportunity to persons, regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state, and local statutes, regulations, and ordinances. I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for a volunteer position but will be used solely for the purpose of obtaining criminal history information.*

**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

Coahoma Independent School District  
Agency Name (Please print)

Alma C Maldonado  
Agency Representative Name (Please print)

Alma C. Maldonado  
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>	