

**DPS Computerized Criminal History (CCH) Verification  
(AGENCY COPY)**

I, \_\_\_\_\_, DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_,  
APPLICANT or EMPLOYEE NAME (Please print)

acknowledge that a Computerized Criminal 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, if asked, I will be required to 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. If I am hired, the fingerprinting fee will be refunded to me with a proper receipt.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

ST JOHN'S EPISCOPAL SCHOOL  
Agency Name (Please print)

ANGIE JORDAN  
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:		CCH SEARCH #:	
_____		_____	
Empl _____	Vol/Contractor _____	_____	initial
FACTS CH SUBSCRIBED:		_____	initial
FACTS SUBSCRIPTION ID#: _____			
Date Printed:		_____	initial
Destroyed Date::		_____	initial
<b>Retain in your files</b>			