## **DPS Computerized Criminal History (CCH) Verification**

(AGENCY COPY)

| , acknowledge that a Computerized Criminal   |  |
|--|--|
| APPLICANT or EMPLOYEE NAME (Please print)  |  |
| History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure                |  |
| Website and will be based on <u>name and DOB</u> identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is   |  |
| not allowed to discuss with me any criminal history reco   | ord information obtained using this method. The    |
| agency may request that I have a fingerprint search per  | rformed to clear any misidentification based on    |
| the result of the <u>name and DOB</u> search. Once this  | process is completed the information on my         |
| fingerprint criminal history record may be discussed with  | n me.  |
| In order to complete the 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 or by calling the DPS Progra   | um Vendor at 1-888-467-2080, submit a full and     |
| complete set of fingerprints, request a copy be sent to the  | e agency listed below, and pay a fee of \$24.95 to |
| the fingerprinting services company.   |  |
| (This copy must remain on file by your age   | ncy. Required for future DPS Audits)               |
|  |  |
| Signature of Applicant or Employee   | DI   |
|  | Please:<br>Check and Initial each Applicable Space |
| Date   | CCH Report Printed:                                |
| Center ISD   |  |
| Agency Name (Please print)   | YES NO initial                                     |
| Holly Mikesh   | Purpose of CCH:                                    |
| Agency Representative Name (Please print)  | Empl Vol/Contractor initial                        |
|  | Date Printed: initial                              |
| Signature of Agency Representative   | Destroyed Date: initial                            |
|  | Retain in your files                               |
| Date   |  |