



Harlandale Independent School District

Human Resources Division
102 Genevieve
San Antonio, Texas 78214
(210) 989-4410/ Fax (210) 921-4413

Place copy of Driver's License
In this corner

SCHOOL VOLUNTEERS

- School Vol/Parent Student Teacher Field Observation Club/Org: Specify _____
Univ _____
- Contracted Services Other applicable individuals as per Senate Bill 9: Specify _____

**Criminal History Record Form
(Confidential)**

In accordance with the Harlandale Independent School District Policy GKG (Local), prospective school volunteers are required to sign a statement of consent allowing the District to obtain their criminal history record. **Senate Bill 9 requires volunteers in a school district to provide a copy of their driver's license or another form of identification containing the person's photograph issued by the United States Government.**

The information requested below is necessary to obtain criminal history record information.

PLEASE PRINT

Full Name _____

Social Security # _____ Phone # _____

Date of Birth: _____ Driver's License # _____

Address _____

City _____ State _____ Zip Code _____

Circle one: **Gender:** Male or Female **Ethnicity:** White Hispanic Black Other

Please list child/children attending Harlandale ISD. Due to the large amount of volunteers,
PLEASE ONLY FILL ONE FORM PER HOUSEHOLD FAMILY.

<i>Student Name</i>	<i>Campus</i>	<i>Grade</i>	<i>Teacher</i>

I understand the information I am providing regarding gender, age, and ethnicity will not be used to determine eligibility, but will be used solely for the purpose of obtaining Criminal history record information.

Signature _____

Date _____

This form will be kept in a confidential file in the H.I.S.D. Human Resources Division Office.

DPS Computerized criminal History (CCH) Verification (AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification
NAME (Please Print)
check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on
name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true
identification to criminal history, the organization (as listed below) conducting the criminal history check is not
allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to
have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a
criminal report I know could not be mine.

For the fingerprinting process, I will be required to submit a full and complete set of my fingerprints for analysis
through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been
made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this
agency, make an online appointment, submit a full and complete set of my fingerprints and pay the fee to the
fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint
criminal history record may be discussed with me.

Signature

Date

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

OFFICE USE ONLY!

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 <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hired <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	