



# 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)**

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### OFFICE USE ONLY!

\_\_\_\_\_  
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 <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
<b>Retain in your files</b>	