



## CONFIDENTIAL BACKGROUND FORM

The Dripping Springs Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

### **Print Full Name as It Appears on Driver's License:**

Name: \_\_\_\_\_  
*Last First Middle*

Full Name at Birth (if other than above): \_\_\_\_\_

Driver's License State & Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Contact Information**

Area Code & Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- ☐ Volunteer  
Campus & Event \_\_\_\_\_
- ☐ Temporary Employee  
Campus/Department & Assignment \_\_\_\_\_
- ☐ Community Education Class Instructor  
Class to be Taught/Session Dates \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Volunteers, please note:** In compliance with the Family Educational Rights and Privacy Act (FERPA), parent volunteers who are present in classrooms and on school field trips may not share or post photos/videos of students other than their own children without the express consent of other parents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form will be shredded after its intended use is fulfilled.**

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

I, \_\_\_\_\_, 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 name and DOB 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 record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with 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](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 \$24.95 to the fingerprinting services company.

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

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

Dripping Springs ISD

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 \_\_\_\_\_ NO \_\_\_\_\_ initial

Purpose of CCH: \_\_\_\_\_

Empl \_\_\_\_ Vol/Contractor \_\_\_\_ initial

Date Printed: \_\_\_\_\_ initial

Destroyed Date: \_\_\_\_\_ initial

**Retain in your files**