

Liberty Hill Independent School District

CRIMINAL HISTORY CHECK AUTHORIZATION

This Form will be removed from the application and filed separately

PLEASE PRINT

(Name MUST appear exactly as shown on Drivers License)

Employee/Applicant Student Teacher/Observation Volunteer Other _____

Campus: _____

Name: _____

Last

First

Middle

(Maiden)

Address: _____ City, St, Zip _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Drivers License #: _____

State of Issue: _____

Date of Birth: _____

Gender: _____ Female _____ Male

Social Security #: _____ (not required for Volunteer)

ETHNIC GROUP: _____ AMERICAN INDIAN _____ ASIAN _____ BLACK/AFRICAN AMERICAN _____ HISPANIC _____ WHITE _____ OTHER

Authorization

The District may obtain criminal history record information that relates to a person the District intends to employ or a person who has indicated, in writing, an intention to serve as a volunteer with the District, as well as to a person currently employed or serving as a volunteer (Education Code 22.083).

I authorize the Liberty Hill Independent School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency.

By signing below, I authorize Liberty Hill Independent School District to perform the criminal history check. I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information.

As an **employee, substitute, contractor, or other capacity requiring fingerprints**, I understand that I am responsible for fingerprinting costs when it is required.

Signature: _____

Date: _____

****No Fee/No Fingerprints are required for volunteers, student teacher, student observations.**

Office Use Only:

Revised May 2016

Criminal History: _____

Fingerprinting: _____

Results Complete: _____