



# CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK FOR VOLUNTEERS

The Princeton Independent School District is required by state law to obtain criminal history record information on all applicants volunteering for the district (Texas Education Code (Chapter 22)). The information requested below is necessary to obtain criminal history record information.

If you are a current Princeton ISD employee, please do not submit this form as you are automatically approved to volunteer.

Full Name: \_\_\_\_\_  
 (Please print legibly) Last First Middle

Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ethnicity: Hispanic/Latino  Not Hispanic/Latino  Sex: Male  Female

Race: American Indian or Alaska Native  / Asian  / Black or African American  / Native Hawaiian or Other Pacific Islander  / White

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

I \_\_\_\_\_ have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and date of birth identifiers I supply.

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility, but will be used solely for obtaining criminal history record information.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, PISD is not allowed to discuss any criminal history record information obtained using the name and DOB method.

I understand that I may be disqualified if a conviction or a plea of no contest/ guilty resulting in deferred adjudication will result in the listed consequences:

- Felony- Permanent disqualifier
- Class A Misdemeanor- 10 year disqualifier
- 1 Class B Misdemeanor- 5 year disqualifier
- 2 Class B Misdemeanor- 10 year disqualifier

**QUESTIONS REGARDING BACKGROUND CHECK REPORT, PLEASE CONTACT DPS AT 512-424-5079**

X \_\_\_\_\_  
 Volunteer Signature Date

List all your Princeton ISD students

_____	_____	_____	_____
Student's Name	Campus	Student's Name	Campus
_____	_____	_____	_____
Student's Name	Campus	Student's Name	Campus
_____	_____	_____	_____
Student's Name	Campus	Student's Name	Campus

(THIS COPY MUST REMAIN ON FILE BY YOUR AGENCY. REQUIRED FOR FUTURE DPS AUDITS)

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

PRINCETON ISD	Isabel Renteria			
Agency Name	Agency Representative Name	Batch #	Search #	SID #

CCH Report Printed:  
 YES \_\_\_\_\_ NO \_\_\_\_\_

_____	_____	_____	_____	_____	_____
Signature of Agency Representative		Date Printed	Initial	Date Destroyed	Initial

Date \_\_\_\_\_

Approved     
  NOT Approved     
 Initial \_\_\_\_\_