

Campus Office Use Only  
Campus Submitted by: \_\_\_\_\_



Lytle Independent School District  
Criminal History Release

*Volunteer applications will need to be completed every year. Please complete all blanks. Incomplete applications will not be processed.*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden: \_\_\_\_\_

Mailing address \_\_\_\_\_

City State Zip Code

Physical address \_\_\_\_\_

City State Zip Code

Social Security: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Ethnicity: \_\_\_ American Indian \_\_\_ Asian \_\_\_ Black \_\_\_ Hispanic \_\_\_ White, Non-Hispanic \_\_\_ Other: \_\_\_\_\_  
(Check One)

Date of Birth: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Driver's License Exp. Date: \_\_\_\_\_ Identification (ID) #: \_\_\_\_\_

Identification (ID) State Issued: \_\_\_\_\_ Identification (ID) Exp. Date: \_\_\_\_\_

(Check One)

\_\_\_ Individual Volunteer \_\_\_ Parent Volunteer \_\_\_ Student Teacher \_\_\_ Student Observation (for class credit)  
\_\_\_ Business Partner Volunteer \_\_\_ Other: \_\_\_\_\_

School(s) where volunteering:  Primary  Elementary  Jr. High  High School  Administration Office  
Check all that apply

Student Name:

Grade:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lytle ISD offers criminal history background checks for volunteers who participate on a Lytle ISD campus or in approved programs. Volunteers must complete two forms: the Criminal History Release Form and the DPS Computerized Criminal History (CCH) Verification.

Please Read and Sign Below

I hereby give the Lytle Independent School District written Permission by and through this release form to obtain from any law enforcement or criminal justice agency all criminal history record information that relates to me. (As per Texas Education Code 22.083).

It is understood that the information shall be treated confidentially and used only to evaluate my application to volunteer in the Lytle Independent School District. As an applicant herein, I shall hold LISD and all other agencies harmless from the use of said information and waive any right I may have to the secured information.

I understand that the original of this release will be maintained within the District Files from one year date of approval.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

# 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

\_\_\_\_\_  
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 _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

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