



SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

5622 Ray Ellison Boulevard

San Antonio, Texas 78242

(210)977-7000 Phone / (210)977-7017 Fax

RELEASE OF CRIMINAL HISTORY RECORDS INFORMATION

ADDENDUM TO APPLICATION

Confidential*

The South San Antonio 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.

Please print:

Name: _____
Last First Middle

Social Security Number: _____ **Date of Birth:** _____

Driver's License: _____
State and Number

Mailing Address: _____
Street City State Zip

Sex: ☐ Male ☐ Female **Ethnicity:** ☐ Black ☐ White/Other

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.

Signature Date

***This form will be removed from the application and filed separately in the Human Resources office.**



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**DPS Computerized Criminal History (CCH) Verification
Information Regarding Release of Criminal History Record**

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please Print)
history (CCH) verification 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 (automate 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 a fee of \$9.95 to the fingerprinting services
company, L1Enrollment 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.

(This form will remain on file by South San Antonio I.S.D. It is required for future DPS Audits).

Signature of Applicant or Employee

Date

South San Antonio I.S.D. UTSA/A.T.E.
Agency Name

Deborah Chaney
Agency Representative Name (Please Print)

Signature of Agency Representative

Date

Campus Assignment: Price Elem robotics club

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
Yes___ No___	_____Initial
Purpose of CCH: _____	
Hire___ Not Hired___	_____Initial
Date Printed: _____	_____Initial
Destroyed Date: _____	_____Initial
Human Resources Office Only	