



Authority for Release of Information

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any duly accredited representative of the City of Pharr including those from the Personnel Department to obtain information relating to my activities from schools, residential management agents, employers, law enforcement, financial or lending institutions, consumer reporting agencies, retail business establishments, the Texas Workers' Compensation Commission, medical institutions, hospitals and other repositories of medical records, or individuals. This information is not limited to my academic, residential achievement, performance attendance, personal history, criminal history record, arrest, conviction, medical psychiatric-psychological and financial and credit history.

HR Office Use Only	
<input type="checkbox"/>	EMP. OFFER
<input type="checkbox"/>	TX-DPS CCH
<input type="checkbox"/>	TX-DPS MOTOR
<input type="checkbox"/>	CO.COURT
<input type="checkbox"/>	PHARR COURT
<input type="checkbox"/>	PHARR PD
<input type="checkbox"/>	INFINITY

I Further Authorize the City of Pharr Personnel Department, to request criminal history record information from criminal justice agencies.

I Direct You to Release such information upon request of the duly accredited representative agency regardless of any agreement I may have made with you preciously to the contrary.

I Understand that the information you release is for official use by the City of Pharr, and you may disclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that are alleged or are found to be applied to you by me or any third parties on account of compliance or any attempts to comply with this authorization. This release is binding in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Photocopies of this form that show my signature are as valid as the original release signed by me.

Printed Full Legal Name _____ Signature _____ Date _____

List Other Names Used _____

Current Address _____ City _____ State _____ Zip _____

Parent / Guardian Printed Name (If required) _____ Parent / Guardian Signature (If required) _____ Date _____

Criminal History Investigation

Applicant's Full Legal Name (As shown on Social Security Card/Passport) _____ Date of Birth _____/_____/_____

Social Security Number _____ Driver's License Number _____ State _____

Permanent Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

The applicant hereby authorizes the City of Pharr to conduct a check of the applicant's criminal history.

Signature: _____ Date: _____



DPS Computerized Criminal History Verification

I, _____, acknowledge a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.us / *Crime Records/Review of Personal Criminal History* 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

_____		_____
Signature of Applicant / Employee	Date	City of Pharr Agency Name

Agency Representative Printed Name	Agency Representative Signature	Date

Agency Use ONLY Check and Initial Each Applicable Space:

_____ CCH Report Printed: Yes _____ No _____
Initials

_____ Purpose of CCH: _____ Emp _____ Vol/Contractor _____
Initials

_____ Date Printed: _____
Initials

_____ Date Destroyed: _____
Initials