

**TEXAS DEPARTMENT OF PUBLIC SAFETY
BACKGROUND CHECK REQUEST**

CONSULTANT / CONTRACTOR / VENDOR / PRIVATE DUTY NURSE SUBMIT
TO PSJA ISD – OFFICE OF HUMAN RESOURCES FOR APPROVAL

Name: _____

Company: _____

Type of Service: _____

Event Date(s) or indicate school year: _____

For Private Duty Nurse Name of Student: _____

Campus/Dept. or indicate 'District-wide': _____

Contact Numbers (Cell Preferred): _____

E-Mail Address: _____

Last four digits of social security number: _____

Will individual be on school grounds, which may result in direct contact w/students? ____ Yes ____ No

In accordance w/Senate Bill 9, has individual been fingerprinted & in the TX DPS FACT Clearinghouse?
____ Yes ____ No SID Number (if known): _____

**PLEASE MAKE SURE TO ATTACH THE FOLLOWING
ITEMS WHEN SUBMITTING THIS FORM:**

- ▶ DPS Computerized Criminal History (CCH) Verification form (Page 2)
- ▶ A clear copy of individual's Driver License or state-issued ID

CAMPUS/DEPARTMENT ONLY

Requested by:

Name	Campus/Dept. & Title	Date
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CHIEF OF STAFF'S OFFICE ONLY

Name Based (Not fingerprinted or not required)

SID: _____

Fingerprint Search

SID: _____

Subscribed till: _____

By: _____

Date: _____

By: _____

Dr. Rebeca N. Garza, Asst. Supt. for HCD

Approved: ____ Yes ____ No



DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

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.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 \$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 or Employee

Date

Pharr-San Juan-Alamo Independent School District
Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl _____ Vol/Contractor _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	