

# Comanche Independent School District

1414 N Austin Comanche, TX 76442  
Ph. (325) 356-2727 Fax (325) 356-2312

## CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

### CONFIDENTIAL\*

Because of our commitment to provide appropriate supervision as well as a safe environment for our students, Comanche ISD will screen all volunteers, volunteer chaperones and sponsors with a Criminal History Report as required by Section 22.083 {a} and {c} of the Education Code and Section 411.097 {b} of the Government Code. Please know that our primary concern is to protect your child from attending events with adults who have a criminal history of pedophilia or sex offenses. The information from your Criminal History Report will be reviewed at the Administration Office and will not be shared at the campus level unless your report indicates an offense suggesting inappropriateness with children. Our primary concern is the safety of your children.

Below you will find the information that is needed in order for your Criminal History Report to be processed. Please put on this form the name, date of birth, etc. of the ADULT who will be volunteering; we do not need information on your child. If you have any questions, please feel free to contact the school office.

### TEACHER INFORMATION

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

### PARENT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Any and All Other Last Names \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity:  Black  White  Hispanic  Other

I understand 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 \_\_\_\_\_

EVERY ADULT WHO VOLUNTEERS ON A SCHOOL CAMPUS OR GOES ON A SCHOOL TRIP MUST SIGN THIS FORM.

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

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 DOB identifiers 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 conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

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 (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment 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 copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

**Comanche ISD**  
\_\_\_\_\_  
Agency Name (Please print)

**Lynda Warren**  
\_\_\_\_\_  
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: _____	
Hire _____	Not Hired _____ initial _____
Date Printed: _____	initial _____
Destroyed Date: _____	initial _____
<b>Retain in your files</b>	