



LA VERNIA INDEPENDENT SCHOOL DISTRICT
13600 US Hwy. 87 W., La Vernia, TX 78121
Phone: 830.779.6600 Fax: 830.779.2304

APPLICATION / INFORMATION
Parent Volunteer, Classroom Observations

Date of Application: _____

Name: _____
Work Phone: _____
Address: _____

Social Security No. _____
Home Phone: _____

Release of Information
To Any Law Enforcement Agency

I am volunteering with the La Vernia Independent School District in Wilson County, Texas. Article 21.917 of the Texas Education code entitles a school district to obtain criminal history record information that relates to volunteering with the school district if, at the time of the request for the information, the school district submits to the custodian of the information a signed statement from the volunteering applicant authorizing the school district to obtain the information.

Please accept this as my signed statement, authorizing the release of such information to La Vernia Independent School District and its agent or representative.

Date of Birth: _____

Race:(Circle One) Anglo Hispanic American Indian African American

Driver's License No. _____ State Issued: _____

Signed this ____ day of _____, 20 ____.

Signature of Applicant

Printed Name of Applicant

Attach Copy of Driver's License

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 information I supply.
(Print Applicant or Employee Name)

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 (automated fingerprint identification system). I have been made aware that in order to complete this process, I must have the correct fingerprints and pay a fee of \$9.95 to the fingerprinting services company, LI Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history 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

Agency Name (Please Print)

Signature of Agency Representative

Date

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 _____

Retain in Your Files

Information needed for fingerprints

Name _____

Address _____

Birth Date _____

Telephone Number _____

Email Address _____

Social Security number _____

Drivers License number _____