

Office of Professional Standards
100 N. University Dr., Ste. NE 111, Fort Worth, Texas 76107
OFFICE 817.814.1888/1886
Fax Forms to 817-814.1889/1887



Fort Worth
INDEPENDENT SCHOOL DISTRICT

REQUEST OF BACKGROUND CHECK FOR VOLUNTEER

*Please provide all requested information and print clearly.

For District Personnel Use Only

From (FWISD Admin./Designee): CHRIS COLE

Organization (Campus/Department): RL PASCHAL 010

Phone: 814 5000 Fax: 814 5050 Date of Request: _____

For Applicant Use Only

Last Name First Middle (Maiden Name(s) if Applicable

Date of Birth Gender Ethnicity State Driver License or ID Number

Address City/Zip Contact Telephone Number

Applicants Signature: _____

Texas Ed. Code 22.085©

A person must provide to the school District, a driver's license or another form of ID containing the person's photograph issued by an entity of the United States government.

Copy photo ID here

For Office of Professional Standards Use Only

Date Criminal Record Check Conducted: _____

OPS Reviewer's Signature: _____

Clear: _____

Not Clear: _____ (Applicant may call OPS for clarification or appeal)

**DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION
 (Must accompany all request for Volunteer Background Check Forms)**

I, _____, have been notified that a computerized criminal history
Applicant Name (Please Print)
 (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 **FWISD- may offer the opportunity to have a fingerprint search performed to
 clear my misidentification based on the name search, if the search provides a criminal
 report I know could not be mine.**

If I dispute any results obtained from the name-based 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 have the correct fingerprinting (FAST)
 form from the 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, 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 at OPS. Required for future DPS Audits)

 Applicant Signature

 Date

<p>Fort Worth Independent School District Agency Name</p> <p>_____ Agency Representative Name (Please Print)</p> <p>_____ Signature of Agency Representative</p> <p>_____ Date</p>	<p><u>Please check, initial each applicable space and retain in files for DPS Audit.</u></p> <p>CCH report printed: Yes ___ NO ___ Initial</p> <p>Purpose of CCH: <u>Volunteer</u></p> <p>Date Printed: _____ Initial</p> <p>Destroyed Date: _____ Initial</p>
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