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 <u>name and DOB</u> 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 <u>any</u> CHRI obtained using the <u>name and DOB</u> method.** The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the <u>name and DOB</u> 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 https://www.dps.texas.gov/section/crime-records/crime-records-general-information */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 or Employee (required)

_____
Date

In-Home Attendant Services, LTD
_____
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: Employment _____

Empl X Vol/Contractor ____   ____ initial

Date Printed:_____   ____ initial

Destroyed Date: _____   ____ initial

Retain in your files

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