



*Devine Independent School District*

605 W. Honda, Devine, Texas 78016

(830) 851-0795 Fax (830) 663-6706  
Scott K. Sostarich, Superintendent

Dear Parent, Guardian, or Volunteer

Attached is a required form from the Texas Department of Public Safety (TxDPS) that all parents, guardians, and volunteers must submit *with* their Criminal History Authorization form.

The DPS Computerized Criminal History (CCH) Verification form simply explains that in the event there is a problem or misidentification with the Criminal History Authorization form (which is only based on your name and date-of-birth), *you have the option* of submitting a fingerprint search through the Texas Department of Public Safety at the cost of \$25.

*Fingerprint searches are not necessary* unless you feel there is a question of misidentification based on the initial Criminal History Authorization form (name/DOB search).

Devine ISD must now keep a copy of this verification form on file along with your Criminal History Authorization form.

If you have any questions, please do not hesitate to call me at (830) 851-0702.

Thank you,

Daryl W. Wendel  
Assistant Superintendent



Devine Independent School District

605 W. Hondo, Devine, Texas 78016

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Human Resource Office

**Criminal History Authorization**

Pursuant to Texas Education Code, Section 22.083, school districts are authorized to obtain a criminal history record on any person who has indicated in writing, an intention to serve as a **volunteer** with the district.

I hereby authorize Devine ISD to conduct investigation inquiries from any law enforcement or criminal justice agency all criminal record information to determine my acceptability to serve as a **volunteer** with Devine ISD. I may be discharged from my position if the district obtains information of my conviction for a felony, or any offense involving moral turpitude, that I did not disclose to the district.

COMPLETE INFORMATION BELOW AND RETURN TO DISTRICT

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Child's Name: \_\_\_\_\_

City & Zip: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Child(s) names on other campuses: \_\_\_\_\_ Date of Field Trip: \_\_\_\_\_

\_\_\_\_\_ (Campus)

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Texas Driver's License: \_\_\_\_\_

Social Security: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Race: Check One

\_\_\_ Asian or Pacific Islander \_\_\_ American Indian or Alaskan Native \_\_\_ Hispanic

\_\_\_ Black, not of Hispanic Origin \_\_\_ White, not of Hispanic Origin

This information will be used *only* for the purpose of obtaining state required criminal history records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBMIT FORM AT LEAST TWO WEEKS PRIOR TO FIELD TRIP.**

# 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 (optional)

\_\_\_\_\_  
Date

Devine ISD

\_\_\_\_\_  
Agency Name (Please print)

Daryl W. Wendel

\_\_\_\_\_  
Agency Representative Name (Please print)

  
\_\_\_\_\_  
Signature of Agency Representative

10/18/2019

\_\_\_\_\_  
Date

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