



Devine Independent School District

605 W. Flondo, Devine, Texas 78016

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

Dear Parent, Guardian, or Volunteer,

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

The DPS Computerized Criminal History (CCH) Verification form simply explains that in the event there is a problem or misidentification with the Volunteer Criminal History 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 \$10.00.

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

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

If you have any questions, please do not hesitate to call me at (830) 851.0702.

Thank you,

A handwritten signature in black ink that reads "Daryl W. Wendel". The signature is fluid and cursive.

Daryl Wendel
Assistant Superintendent

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE (Please print)

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 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 MorphoTrustUSA, 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, MorphoTrustUSA.

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

Devine ISD

Agency Name (Please print)

Daryl Wendel

Agency Representative Name (Please print)



Signature of Agency Representative

Date

| | |
|---|---------------|
| Please: Check and Initial each Applicable Space | |
| CCH Report Printed: | |
| YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | _____ initial |
| Purpose of CCH: | _____ |
| Approved <input checked="" type="checkbox"/> Not Approved <input checked="" type="checkbox"/> | _____ initial |
| Date Printed: _____ | _____ initial |
| Destroyed Date: _____ | _____ initial |
| Retain in your files | |



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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 history 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 _____ Teacher's Name _____

Child(s) names on other campuses:
_____ (Campus) **Date of Field Trip:** _____

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 2 weeks prior to field trip.