

Background Check Authorization

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

An Equal Opportunity/Affirmative Action Employer

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____ acknowledge that a Computerized Criminal History (CCH)
APPLICANT or EMPLOYEE NAME (Please Print)

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. (This is not a consent form) Authority for this agency to access an individual's criminal history data may be found in the Texas Government Code 411; Subchapter F. Note that information is not an exact search and only fingerprint record searches represent identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the Name and DOB search. Once this process is complete the information on my fingerprint criminal history record may be discussed with me.

In order to complete this process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory or by calling the DPS program Vendor at 888-467-2080, 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.

This copy must remain on file by Texas A&M University Kingsville Police Department. Required for future DPS Audits

Signature of Applicant or Employee

Date

Texas A&M University Kingsville
Agency Name (Please Print)

Signature of Agency Representative

Date

Please: