

DPS Computerized Criminal History (CCH) Verification

(Agency Copy)

Revised 9/2013

I, _____ acknowledge that a Computerized Criminal History (CCH) 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 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, therefore, the organization conducting the criminal history check is not allowed to discuss with me any 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 completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/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 \$24.95 to the fingerprinting services company.

Signature of Applicant: _____ Date: _____

For Agency Use Only:

Agency Name: _____

(Please Print)

Agency Representative Name: _____

(Please Print)

Signature of Agency Representative: _____

Date: _____

CCH Report Printed: _____ Yes _____ No _____ Initial

Purpose of CCH: _____

Employment _____ Vol/Contractor _____ _____ Initial

Date Printed: _____ _____ Initial

Destroyed Date: _____ _____ Initial

(This copy must remain on file by your agency. Required for future DPS Audits)