

MIDWESTERN STATE UNIVERSITY

CRIMINAL BACKGROUND CHECK RELEASE AND CONSENT FORM

I hereby authorize Midwestern State University and/or its authorized agent(s) or third party vendor to obtain information relating to my criminal history. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that I will have the opportunity to clarify any criminal history records received.

Please Print:

Last Name	First Name	MI	Social Security #	Date of Birth	Other Names (Maiden/Alias)	Gender
						<input type="checkbox"/> M <input type="checkbox"/> F

Street Address	City	State	Zip	County	Drivers License State and #	Race

List all locations where you have lived during the last seven (7) years, beginning with most recent.

From (MM/YY)	To (MM/YY)	City	State	County	Country

Have you ever been convicted of or pled guilty to an offense other than a minor traffic infraction? YES or NO

Do you have any pending felony charges? YES or NO

You MUST provide dates and details of any felony, probation, deferred adjudication, parole, or pretrial diversion:

Disclosure of a criminal offense will not automatically disqualify you from consideration; however, failure to truthfully disclose information will be considered a falsification which will be a determining factor for disqualification.

I do hereby release, forever discharge, indemnify and hold harmless The State of Texas, Midwestern State University, its agents, servants, and employees and all members of such law enforcement agency or department, from and against any and all causes of action suits, liabilities, costs, debts, claims and demands, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of Volunteer

Date

Volunteer **Department:** _____

Criminal Background Check and Sex Offender Registry Check Completed by:

MSU Representative: _____ Date: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

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 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, 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 /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 \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

Date

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:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	