



Liberty Hill Independent School District

CRIMINAL HISTORY CHECK AUTHORIZATION

PLEASE PRINT

(Name MUST appear exactly as shown on Drivers License)

Position/Title: VOLUNTEER

Campus: _____

Name: _____
Last First Middle (Maiden)

Address: _____ City,St,Zip _____

Email Address: _____

Home Phone #: _____

Cell Phone #: _____

Drivers License #: _____

State of Issue: _____

Date of Birth: _____

Gender: _____ Female _____ Male

ETHNIC GROUP: _____ AMERICAN INDIAN _____ ASIAN _____ BLACK/AFRICAN AMERICAN
_____ HISPANIC _____ WHITE _____ OTHER

Authorization

The District may obtain criminal history record information that relates to a person the District intends to employ or a person who has indicated, in writing, an intention to serve as a volunteer with the District, as well as to a person currently employed or serving as a volunteer (Education Code 22.083).

I authorize the Liberty Hill Independent School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency.

By signing below, I authorize Liberty Hill Independent School District to perform the criminal history check. I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information.

Signature: _____

Date: _____

Office Use Only:

Criminal History: _____

Fingerprinting: _____

Results Complete: _____

online