

**Office of Professional Standards**  
 100 N. University Dr., Ste. NE 111, Fort Worth, Texas 76107  
 OFFICE 817.871.2439/2517 FAX 817.871.2839/2753  
**Fax Forms to 817-871-2839 or 2753**



**REQUEST OF BACKGROUND CHECK FOR VOLUNTEER**

**\*Please provide all requested information and print clearly.**

**For District Personnel Use Only**

**From (FWISD Admin./Designee):** \_\_\_\_\_

**Organization (Campus/Department):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**For Applicant Use Only**

\_\_\_\_\_

**Last Name**                      **First**                                      **Middle (Maiden Name(s) if Applicable)**

\_\_\_\_\_

**Date of Birth**                      **Gender**                      **Ethnicity**                      **State Driver License or ID Number**

\_\_\_\_\_

**Address**                                      **City/Zip**                                      **Contact Telephone Number**

**Applicants Signature:** \_\_\_\_\_

**Texas Ed. Code 22.085©**

**A person must provide to the school District, a driver's license or another form of ID containing the person's photograph issued by an entity of the United States government.**

**Copy photo ID here**

**For Office of Professional Standards Use Only**

**Date Criminal Record Check Conducted:** \_\_\_\_\_

**OPS Reviewer's Signature:** \_\_\_\_\_

**Clear:** \_\_\_\_\_

**Not Clear:** \_\_\_\_\_ **(Applicant may call OPS for clarification or appeal)**

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**DPS COMPUTERIZED CRIMINAL HISTORY (CHH) VERIFICATION**  
**(Must accompany all request for Volunteer Background Check Forms)**

I, \_\_\_\_\_, have been notified that a computerized criminal history  
Applicant Name (Please Print)  
(CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore **FWISD- may offer the opportunity to have a fingerprint search performed to clear my misidentification based on the name search, if the search provides a criminal report I know could not be mine.**

If I dispute any results obtained from the name-based 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 have the correct fingerprinting (FAST) form from the agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1 Enrollment Services.

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 at OPS. Required for future DPS Audits)**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

For Office of Professional Standards Use Only

Fort Worth Independent School District

Agency Name

\_\_\_\_\_  
Agency Representative Name (Please Print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

**Please check, initial each applicable space and retain in files for DPS Audit.**

CCH report printed:

Yes \_\_\_ NO \_\_\_ Initial

Purpose of CCH: Volunteer

Date Printed: \_\_\_\_\_ Initial

Destroyed Date: \_\_\_\_\_ Initial