

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identification I supply.
(APPLICANT or EMPLOYEE NAME (Please print))

Because the name based information is not an exact search and only fingerprinting record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

For the fingerprinting process I will be required to submit to 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 make an appointment with MorphoTrust USA, 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, MorphoTrust USA.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprinting criminal history record may be discussed with me.

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

Signature of Applicant or Employee

Date

Big Spring Independent School District
Agency Name

Agency Representative Name (Please Print)

Signature of Agency Representative

Date

<p>PLEASE: Check and Initial each Applicable Space</p> <p>CCH Report Printed: YES ___ NO ___ _____ Initial</p> <p>PURPOSE OF CCH: _____</p> <p>Hire ___ Nor Hired ___ _____ Initial</p> <p>Date Printed _____ _____ Initial</p> <p>Retain in your files</p>
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