

CONFIDENTIAL

San Antonio Area School Districts

Criminal Record Check Authorization Form

***Social Security Number Disclosure:** Disclosure of your Social Securing Number is required of you in order for school districts to conduct a criminal background investigation, as mandated by State law Texas government code 411.094, 411.086. Further disclosure of your Social Security Number is governed by the Public Information Act (Chapter 522 of the Texas Government Code) and other applicable law.

NAME: _____
Last First Middle Maiden

STUDENT ID# @ _____

TX Driver's License Number: _____ **GENDER:** _____

DATE OF BIRTH: _____ / _____ / _____
MM DD YYYY

Current Address: _____
Street Appt. # City State Zip

Please list all cities, counties and states of residence since high school graduation or age 18:

| City | County | State |
|-------|--------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The following school districts are authorized by state law to obtain criminal history record information on applicants the district intends to employ in any capacity or on individuals who intend to serve as a volunteer with the district (Texas Education Code § 22.083)

Alamo Heights ISD, East Central ISD, Harlandale ISD, Judson ISD, North East ISD, Northside ISD, San Antonio ISD, South San Antonio ISD, Southside ISD, Southwest ISD

By signing below, I hereby authorize the release of any and all arrest information to the districts listed above. I also understand that the information I am providing about age and sex will not be used by these districts to determine eligibility for employment, but will be used *solely* for the purpose of obtaining criminal history record information. I certify that that all information provided in this consent form is true, correct and complete. This authorization remains in effect each semester I am enrolled at the University of Texas at San Antonio.

Print Name: _____

Signature: _____ **Date:** _____