(Attach $1.00 here)

CROWLEY INDEPENDENT SCHOOL DISTRICT
P.O. Box 688
Crowley, Texas 76036-0688
(817) 297-5800
Fax (817) 297-5291
www.crowley.k12.tx.us

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

All information must be filled out completely before submission to the CISD Human Resources Department, as well as $1.00 for processing.

I authorize the Crowley Independent School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency and to use said information for the purpose of evaluating my application for employment or volunteer service.

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.

NAME _____
LAST FIRST MIDDLE

MAILING ADDRESS _____
ADDRESS CITY STATE ZIP

DRIVER'S LICENSE # _____ **STATE** _____ **DATE OF BIRTH** _____

SIGNATURE _____ **DATE** _____

By my signature hereon, I signify that I understand that my employment or volunteer service with the Crowley Independent School District is contingent upon receipt of a satisfactory criminal background investigation report.

I understand that an unsatisfactory criminal background investigation report will be full justification for termination of employment or volunteer service with the school district.

SIGNATURE _____ **DATE** _____

§22.083 Access to Criminal History Records by Local and Regional Education Authorities

(a) A school district, open enrollment charter school, private school, regional education service center, or shared services arrangement may obtain from any law enforcement or criminal justice agency all criminal history record information that relates to a person:

(1) whom the district, school, service center, or shared services arrangement intends to employ in any capacity; or
(2) who has indicated, in writing, an intention to serve as a volunteer with the district, school, service center, or shared services arrangement.

DISTRICT USE

CAMPUS _____

ADMINISTRATOR'S SIGNATURE _____ **DATE** _____

The above request is being made for the following reason:

☐ **Volunteer** ☐ **Possible substitute**

☐ **Possible hire in a certified position** ☐ **Possible hire in a noncertified position**

☐ **Possible hire as contracted service or contractor**

(Attach $1.00 here)

PLEASE ATTACH $1.00 FOR PROCESSING