

CRIMINAL HISTORY INFORMATION REQUEST

Confidential

The Aubrey Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last First Middle

Social Security Number _____ Date of birth _____

Driver's License _____

Mailing Address _____
Street City State Zip

Sex: ☐ Male ☐ Female

Ethnicity: ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White

By signing below, you acknowledge that: (a) you received the following separate documents, (b) they are clear, conspicuous, and separate from any other documents, (c) you read and understood them, and (d) we may rely on them for one or more background investigations and resulting reports:

- Disclosure About Background Check on You
- Additional Notice About Investigative Consumer Reports
- A Summary of Your Rights Under the Fair Credit Reporting Act
- Additional Notice About Medical Information
- Additional Notices Under State Law (including any other documents it identifies)

By signing below, you (a) authorize and permit us, Aubrey Independent School District to obtain "consumer reports" and "investigative consumer reports" about ; (b) authorize any consumer reporting agency from whom we request those reports to obtain information about you from any public or private information source; (c) authorize anyone to provide information about you to that consumer reporting agency; (d) authorize and instruct that consumer reporting agency to provide those reports to us; (e) consent to those reports including results of fitness-for-duty assessments, drug tests, and alcohol tests; and (f) authorize us to share those reports with others for legitimate business purposes related to your application or relationship with us.

By signing below, you acknowledge that a fax, image, or copy of this authorization is as valid as the original.

By signing below, you make these acknowledgments and authorizations to be valid for the duration of your application or relationship with us.

Signature

Date