

Date of Service: \_\_\_\_\_ to \_\_\_\_\_

**Lampasas Independent School District  
Independent Contractor  
Criminal History Information Request and Confidentiality Agreement**

Please complete all sections of the form and submit to the Campus Office or District Purchasing Coordinator.

*Please allow 2-4 weeks for processing*

**Independent Contractor (Individual with an Opportunity for Direct Unsupervised Contact with Students):** *Anyone that may be on contract with the Lampasas Independent School District or with another entity (i.e. Central Texas College, Health and Human Services, etc.) and have direct unsupervised contact with students.* Complete all sections below. If a contracting individual or business is to be paid by Lampasas ISD, the additional required documentation will also need to be submitted to the Campus Office or to the District Purchasing Coordinator including W-9 form, Felony Conviction Notification and Vendor Certification form, and Conflict of Interest Questionnaire (CIQ) form.

**Criminal History Record Information**

The Lampasas 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.

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility to provide services but will be used solely for the purpose of obtaining criminal history record information.

***Please Print***

Name: \_\_\_\_\_  
                                    Last  First  Middle

List any other names you have had: \_\_\_\_\_

Address: \_\_\_\_\_  
                                    Number & Street  City / State / Zip

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License State / Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you in the DPS Fingerprinting Database (circle one): Yes or No  
If no, notify Purchasing Coordinator at 512-556-6224 when in database.

**Confidentiality Agreement**

As a contractor of Lampasas ISD, I understand that I may have access to confidential information about students, students' families, and staff. My signature below recognizes and acknowledges that confidential information is to be treated as such as required by board policy, state, and federal law. Any disclosure of confidential information will be made in accordance with applicable board policy and law. I understand that a breach of these confidentiality policies and laws may be grounds for termination. I accept the above directives of Lampasas ISD and will take all steps necessary to ensure that the confidentiality of all district records is maintained.

I do hereby authorize the Lampasas Independent School District to have complete access to any and all criminal history record information pertaining to me, and I hereby grant permission for the proper law enforcement agencies to release all said criminal history information to the Lampasas Independent School District. I also acknowledge that I have read and agree with the Confidentiality Agreement above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please complete both sides of this form.**

Updated: June 2023

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

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

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

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

Rev. 09/2015

**Please complete both sides of this form.**