

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, [REDACTED] have been notified that a computerized criminal history (CCH) **APPLICANT OR EMPLOYEE NAME (Please Print)** Verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit 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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee to the fingerprinting services company, LI Enrollment Services.

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

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

[REDACTED]  
*Signature of Applicant or Employee*

[REDACTED]  
*Date*

\_\_\_\_\_  
*Agency Name (Please Print)*

\_\_\_\_\_  
*Agency Representative Name (Please Print)*

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

\_\_\_\_\_  
*Date*

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES ___ NO ___	___ Initial
Purpose of CCH: _____	
Employment: ___ Volunteer: ___	___ Initial
Hire ___ Not Hired ___	___ Initial
Date Printed: _____	___ Initial
Destroyed Date: _____	___ Initial
<b>Retain in your files</b>	