Aransas County Independent School District
P.O. Box 907
Rockport, TX 78381
Phone 361-790-2204

CRIMINAL HISTORY RELEASE AUTHORIZATION

Aransas County 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. In some cases, individuals will be required by law to be fingerprinted as part of a criminal history check. All offers of employment are contingent upon the District's receipt of a satisfactory criminal history record.

Please provide the following information and sign below. Your signature indicates your understanding of these requirements and authorization for the District to use the following information for the sole purpose of conducting any type of criminal history check which may be required by the District.

Full Name of Applicant: _____
Last **First** **Middle/Maiden**

Names used on records if different from above: _____

_____
Mailing Address **City** **State** **Zip**

Social Security Number: _____ **Date of Birth:** _____

Drivers' License Number: _____ **State of Issue:** _____

Sex: ( ) Male ( ) Female

Ethnicity: ( ) Native American ( ) Asian or Pacific Islander ( ) Black, not Hispanic
( ) Hispanic ( ) White, not Hispanic

- **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.**

- **I hereby authorize any and all local, state, and/or federal law enforcement agencies to release any and all of my personal criminal history information to Aransas County Independent School District. I will voluntarily submit to fingerprinting if required by law for my position.**

- **I understand that if I am hired with ACISD, I must complete one year of employment with the district or the cost of fingerprinting ($50.20) may be deducted from my final pay.**

_____ _____
Signature of Applicant **Date**

ACISD is an Equal Opportunity Employer.