



Liberty Hill Independent School District

CRIMINAL HISTORY CHECK AUTHORIZATION

PLEASE PRINT

Position/Title: _____

Campus: _____

Social Security #: _____

Name: _____
Last First Middle (Maiden)

Address: _____

Email Address: _____

Home Phone #: _____

Cell Phone #: _____

Drivers License #: _____

State of Issue: _____

Date of Birth: _____

Gender: ___ Female ___ Male

ETHNIC GROUP: ___ AMERICAN INDIAN ___ ASIAN ___ BLACK/AFRICAN AMERICAN
___ HISPANIC ___ WHITE ___ OTHER

Authorization

The District may obtain criminal history record information that relates to a person the District intends to employ or a person who has indicated, in writing, an intention to serve as a volunteer with the District, as well as to a person currently employed or serving as a volunteer (Education Code 22.083).

I authorize the Liberty Hill Independent School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency.

By signing below, I authorize Liberty Hill Independent School District to perform the criminal history check. 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.

Signature: _____

Date: _____

As an employee, I authorize Liberty Hill ISD to deduct the fingerprinting cost from my first paycheck with LHISD.

Signature

As a substitute, contractor, or other non-employee capacity, I understand that I am responsible for fingerprinting costs when it is required.

Signature

Office Use Only:
Criminal History: _____ Fingerprinting: _____ Results Complete: _____