

THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal 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. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

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 [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History 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. **Acknowledge by signing below.**

| | |
|----------------------|-------|
| Applicant Signature: | Date: |
|----------------------|-------|

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

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|--------------------------------|-----------------------------|
| Agency Name: | <i>THE VOLUNTEER CENTER</i> |
| Authorized User: | <i>SUSAN M. DOTSON</i> |
| Signature of Authorized User: | <i>Susan M. Dotson</i> |
| Date of Name-Based CCH Search: | |

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

| | |
|---|---|
| Purpose for CHRI Search. | <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other: |
| Is any part of the Criminal History Record Information (CHRI) stored by agency? | Reminder: DPS does not recommend storing any part of CHRI. <input checked="" type="checkbox"/> NO, CHRI is not stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency. |
| CHRI Retention Period | <input checked="" type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other: |
| CHRI Storage Method | <input checked="" type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (saved anywhere on device/computer) |
| CHRI Retention Purpose | Explain: <i>To give client agency CBC information by telephone when they call as requested.</i> |
| Date CHRI Destroyed | |
| Destruction Method | Explain: <i>Shred.</i> |

[CHRI + Audit Resources Link](#)