

# Italy Independent School District

## CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK

I, \_\_\_\_\_, am a **volunteer** for the Italy Independent School District. I have been advised that as a part of the volunteer process, the district will conduct a criminal history background check.

I, \_\_\_\_\_, do hereby consent to the district use of any information provided during the volunteer process in performing the criminal history background check.

I have been informed by the district that I have the right to review and challenge any negative information that would adversely impact the district's decision to allow me to volunteer. I have also been advised that the district will give me a reasonable opportunity to clear up any mistaken information reported. However, I do understand that time is of the essence and reasonableness of time is within the sole discretion of the district.

Volunteer background checks will be conducted through Texas Department of Public Safety.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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Volunteer's signature

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### Texas Education Code

#### Subchapter C Criminal History Records

#### Section 22.083 Access to Criminal History Records By Local and Regional Educational Authorities

(a) A school district, open enrollment charter school, private school, and/or regional education service center may obtain from any law enforcement or criminal justice agency all criminal history record information that relates to a person:

(2) a volunteer who has indicated in writing, an intention to serve as a volunteer with the district, school, service center, or shared services arrangement

(b) A school district, open-enrollment charter school, private school, regional education service center, or shared services arrangement may obtain from any law enforcement or criminal justice agency all criminal history record information that relates to:

(1) a volunteer or employee of the district, school, service center, or shared services arrangement;

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**ITALY ISD Criminal History Background Check Form – Page 2**

<b>Last Name:</b>	
<b>Maiden and/or Other Name:</b>	
<b>First Name:</b>	
<b>Middle Name:</b>	
<b>City:</b>	
<b>County:</b>	
<b>State:</b>	
<b>Telephone:</b>	
<b>Date of Birth:</b>	
<b>Social Security Number:</b>	
<b>Sex:</b>	
<b>Race:</b>	

**Volunteers must complete both pages of this form.**