CRIMINAL HISTORY BACKGROUND CHECK
CONSENT FORM

Texas public schools are permitted by state law to obtain criminal history records of all personnel working in public schools. The information requested below is necessary to obtain criminal history record information. I understand the information I am providing about age, sex, and ethnicity will be used only for the purpose of obtaining criminal record information.

Please print or type.

Name: _____
Last First Middle Initial Maiden

Permanent Address: _____
Your mailing address (full street name with house, apt. or P.O. Box #)

_____
City State Zip

Home Phone: (_____) _____ Local Phone: (_____) _____

Social Security No: _____ Date of Birth: _____
month/day/year

Driver's License No: _____ State: _____ Expires: _____

Sex: Male ☐ Female ☐ Ethnicity: Black ☐ White ☐ Asian ☐ Hispanic ☐ Other ☐

I understand the purpose for providing the above information. I authorize Texas A&M University to release this information to the necessary school districts in order for them to complete a criminal history background check.

_____ _____
Student's Signature Date