

ROCKWALL INDEPENDENT SCHOOL DISTRICT **Consent to Perform Criminal Background Check**

Confidential

The Rockwall Independent School District is authorized by State law to obtain criminal history record information on individuals applying for positions in the District (Texas Education Code § 22.083). The information requested below is necessary to obtain criminal history record information.

Campus/Department		Position	
RISD Aquatic Center - Aquatics		Volunteer	
Applican	t's Full Name		
(Last)	(First)	(Middle)
Applicant's Maiden and/or Other Name(s) Used			
Applicant's Address			
(Street)	(City)	(State) (Zip)	(County)
Applican	t's Social Security # Applicant's Driver's License #	Applicant's Date of Birth	Applicant's Gender
			□ M □ F
Applican	t's E-mail Address	Applicant's Phone #	, = =
List two most recent permanent addresses:			
(1).	City:	County:	
	State	Erom:	To:
	State:	From:	10
(2).	City:	County:	
(-).	G.ty		
	State:	From:	To:
I have been informed that as a part of this process, the District conducts a background check including but not			
limited to a criminal history background check.			
I hereby consent to the District's use of any information secured in performing the background check including but			
not limited to a criminal history background check, employment or education verifications, personal reference check, and/or driving record check.			
oneok, and/or anying record encok.			
I have been informed by the District that I have the right to review and challenge any negative information received			
that might adversely impact the District's decision. I have also been advised that the District will give me a			
reasonable opportunity to clear up any mistaken information reported.			
I understand that the information I am providing about Date of Birth and Gender will be used solely for the purpose			
or obta	ining criminal history record information.		
Applicant Signature		Date	
1.1	3		
Parental consent required if applicant under age 18:			
aremai consent required ii applicant under age 10.			

Parent Signature _ Date ___

Policy DC (LEGAL/LOCAL) Policies/Procedures

PPR: 08/28/2020