

South Texas ISD Criminal Background Check Packet

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Greetings,

Our records show you have selected South Texas ISD as your district of choice. South Texas ISD requires that you complete a criminal background check (CBC). CBC will be conducted by the South Texas ISD HR Department. To complete your CBC with South Texas ISD please submit the following to Ms. Lissa Frausto, Assistant Superintendent for Human Resources Secretary at lissa.frausto@stisd.net

- 1. DPS Computerized Criminal History (CDH) Verification (attached)
- 2. Copy of TXDL/ID

Failure to complete criminal background check with the district may result in a delay in your placement.

Should you have any questions, please feel free to contact our office at 956-665-5910 or 956-882-4139.

We look forward to your participation.

Thank you,

Office of Field Experiences

Edinburg Campus Education Complex 2.510 (956) 665-5910

Brownsville Campus **BMAIN 2.200M** (956) 882-4139

Support: ofe@utrgv.edu













DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

Clear

Ι,			
Printed Name	DOB	_	
-	ninal History (CCH) verification check will be nt of Public Safety Secure Website and will be be	ased on	
	is not an exact search and only fingerprint recor	·d	
	ninal history, the organization conducting the cr		
history check for background screening is no	ot allowed to discuss any criminal history record		
information obtained using the name and DC	OB method. Therefore, the agency may request	that I	
have a fingerprint search performed to clear	any misidentification based on the result of the	<u>name</u>	
and DOB search.			
For the fingerprinting process I will b	pe required to submit a full and complete set of n	ny	
	Department of Public Safety AFIS (Automated	•	
	een made aware that in order to complete this pr	rocess I	
must make an appointment with L1 Enrollment Services, submit a full and complete set of my			
	ency listed below, and pay a fee of \$24.95 to the	•	
fingerprinting services company, L1 Enrollm			
	ne agency receives the data from DPS, the inforn	nation	
on my fingerprint criminal history record ma	0 ,		
(This copy must remain on file by your agency. Required for future DPS Audits.)			
	Please:		
Signature of Applicant or Employee	Check and Initial Each Applicable Spa	ice	
	CCH Report Printed:		
Date	YES NO D	initial	
Agency Name (Please Print)	Purpose of CCH:		
Agency Name (Flease Finit)	Hired Not Hired .	initial	
	Timed — Not Timed —	111111111	
Agency Representative Name (Please Print)	Date Printed:	initial	
	Date Destroyed:	initial	
Signature of Agency Representative	Notes:		

Date

Rev. 02/2011

Retain in your files