

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

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please Print)

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. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

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 at [www.txdps.state.tx.us](http://www.txdps.state.tx.us) /Crime Records/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.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
 Signature of Applicant or Employee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Last 4-digits of SSN                      \_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Email Address

Children's Advocacy Center of Collin County  
 Agency Name (Please print)

Belinda Ressler  
 Agency Representative Name (Please print)

Belinda Ressler  
 Signature of Agency Representative

\_\_\_\_\_  
 Date

<b>Please:</b>			
<b>Check and Initial each Applicable Space</b>			
CCH Report Printed:			
YES	NO		initial
Purpose of CCH:			
Empl	Vol/Contractor		initial
Date Printed:			
Destroyed Date:			
<b>Retain in your files</b>			



**CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY  
PLEDGE OF CONFIDENTIALITY**

SOME OF THE CLIENTS OR WORK YOU MAY BE EXPOSED TO WHILE AT CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY IS CONSIDERED STRICTLY CONFIDENTIAL. CONFIDENTIAL INFORMATION INCLUDES INFORMATION ABOUT A CLIENT'S IDENTITY, HIS/HER SEEKING SERVICES OF THE CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY, AS WELL AS ANY PERSONAL INFORMATION WHICH MAY BE DISCLOSED AS A MATTER OF YOUR TRAINING. ADDITIONALLY, YOU MAY SEE A CLIENT AT THE CENTER WHO IS A RELATIVE OR FAMILY FRIEND OF YOURS OR YOUR CHILDREN. IF THIS SHOULD OCCUR, PLEASE ADVISE A STAFF MEMBER TO ENSURE PROCEDURES ARE FOLLOWED TO PREVENT A CONFLICT OF INTEREST AND KEEP ALL PARTIES FROM EMBARRASSMENT OR DISCOMFORT.

I PROMISE TO HOLD IN CONFIDENCE ALL PERTINENT INFORMATION RELATING TO CLIENTS, VOLUNTEERS, AND STAFF AT CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY. I WILL NOT REMOVE ANY WRITTEN OR TAPED INFORMATION OR CLIENT RELATED RECORDS FROM THE OFFICES AT CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY WITHOUT THE EXPRESSED WRITTEN PERMISSION FROM THE CEO.

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**Volunteer - Print Name**                      **Date**

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**Volunteer Signature**                      **Date**

Belinda Ressler

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CAC Contact for Volunteers                      **Date**