

CRIMINAL HISTORY RECORD FORM

I authorize the Carrollton-Farmers Branch ISD to obtain any criminal history record information relevant to this request for placement from any pertinent source in accordance with the provisions of the Texas Education Code Section 22.083, and I further authorize any law enforcement agency, including, but not limited to, any police department or the Department of Public Safety as well as the Texas Department of Corrections to furnish the Carrollton-Farmers Branch Independent School District any such record.

	Signature	Date			
	low will be used solely lacement in a C-FB sc				
NAME:	LAST	,	FIRST	,	MIDDLE
	tly as it appears on				
OTHER NAMES,	if any have you worke	ed under or been k	nown by:		
GENDER:	Female	Male	DATE OF B	IRTH:	
ETHNICITY: _	American Indian	Black	Asian	Hispanic	Other
DRIVER'S LICE	NSE NUMBER:				
STATE:	TATE: EXPIRATION DATE:				