

CONFIDENTIAL

**San Antonio Area School Districts**

***Criminal Record Check Authorization Form***

**NAME:** \_\_\_\_\_  
                    *Last*                    *First*                    *Middle*                    *Maiden*

**STUDENT ID# @** \_\_\_\_\_

**TX Driver's License Number:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**DATE OF BIRTH:**      /      /      **Email:** \_\_\_\_\_@my.utsa.edu  
                    *MM*          *DD*          *YYYY*

**Current Address:** \_\_\_\_\_  
  Street  Appt. #  City  State  Zip

**Phone Number:** (    )    -    \_\_\_\_\_ **Alt Phone:** (    )    -    \_\_\_\_\_

**Please list all cities, counties and states of residence since high school graduation or age 18:**

City	County	State
_____	_____	_____
_____	_____	_____

The following school districts are authorized by state law to obtain criminal history record information on applicants the district intends to employ in any capacity or on individuals who intend to serve as a volunteer with the district (Texas Education Code § 22.083)

*Alamo Heights ISD, East Central ISD, Judson ISD, North East ISD,  
Northside ISD, San Antonio ISD, South San Antonio ISD, Southside ISD*

By signing below, I hereby authorize the release of any and all arrest information to the districts listed above. I also understand that the information I am providing about age and sex will not be used by these districts to determine eligibility for employment, but will be used *solely* for the purpose of obtaining criminal history record information. I certify that that all information provided in this consent form is true, correct and complete. This authorization remains in effect each semester I am enrolled at the University of Texas at San Antonio.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_