CRIMINAL HISTORY RECORD INFORMATION REQUEST

Confidential*

Code Chapter independent co	22, Subchapter C to ontractors, student te	review the criminal hi	District is required by T story of applicants, emplunteers. The information rmation.	loyees,
Please print.				
Name				
Last Social Security Number		First Date of birth		Middle
	nseState and ess	Number		
	Street	City	State	Zip
Sex:	le 🛘 Female	Ethnicity:	□ Black □ White/O	Other
	gibility for employme		ge, sex, and ethnicity wil lely for the purpose of ob	
Signature				
Date				



^{*} This form will be removed from the application and filed separately in the HR office.