

NORTHSIDE INDEPENDENT SCHOOL DISTRICT
Human Resources Department
5617 Grissom Road
San Antonio, Texas 78238
(210) 397-8613 Fax (210) 706-8627
www.nisd.net

Only one form per person
This form is not to be modified

CRIMINAL HISTORY AUTHORIZATION FOR VOLUNTEERS AND CONTRACT PROVIDERS

Dear Volunteer or Contract Provider:

An authorization to conduct a criminal history check is required of Northside Independent School District volunteers or contract providers who will work directly with students. The Human Resources Department will be responsible for conducting criminal history checks. Information obtained will be used solely to determine eligibility for service as a volunteer or contract provider.

Your completion of this form in its entirety and signature authorizes the Northside Independent School District to conduct investigation inquiries into police records, the state prison system, the Department of Public Safety, and/or any other criminal records to determine your acceptability for volunteer or contracting work. Failure to clear the criminal history record check as per District policy may disqualify you for service as a volunteer or contract provider in the District.

COMPLETE ALL INFORMATION BELOW

1st Campus 2nd Campus 3rd Campus 4th Campus

REQUESTED/ASSIGNED CAMPUS(ES): _____

(If planning to serve at more than one campus, please indicate all campuses so not to have to complete another form)

FULL NAME: _____
(last) (first) (middle)

ADDRESS: _____
(city/state) (zip code)

PHONE #: () _____ **DRIVER'S LICENSE:** _____
area code (state) (number)

DATE OF BIRTH: _____
(month) (day) (year)

SOCIAL SECURITY #: _____ **SEX:** Male _____ Female _____

I hereby authorize Northside Independent School District to conduct a criminal history record check:

Signature

Date

TO BE COMPLETED BY DESIGNATED CAMPUS/DEPARTMENT STAFF:

The person authorizing this criminal history check will provide: ___ volunteer (or) ___ contract provider services.

Dept./Program/Activity: _____

Staff Member Name (Print) : _____ **Signature:** _____

Submitting Campus: _____ **Date:** _____

Submitting Campus Phone: _____