CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

I hereby give the Lake Worth Independent School District written permission by and through this release form to obtain from any law enforcement or criminal justice agency all criminal history record information that relates to me. (As per Texas Education Code 22.083)

It is understood that the information shall be treated confidentially and used only to evaluate my application to work in the Lake Worth Independent School District. As an applicant herein, I shall hold LWISD and all other agencies harmless from the use of said information and waive any right I may have to the secured information.

I understand that the original of this release approval will be maintained within the District's files.

NAME: _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER: _____

SEX: (Circle One) Male Female DATE OF BIRTH: _____

ETHNICITY: (Circle One) American Indian Hispanic Asian Black, Non Hispanic White, Non Hispanic

PLACE OF BIRTH: _____ DRIVER'S LICENSE #_____

SIGNATURE: _____ DATE: _____