

East Texas A&M University Criminal History Record Investigation

Please print in ink or type

District Choice _____

NAME: LAST, FIRST, MIDDLE		Maiden or Other Names Known By		
Birth Date	Social Security No.	Drivers License No. & State I.D. Card #		
Highest Level of Education	School Name	City, State		
Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White, non-Hispanic				
Present Address	City	State	Zip	Dates
Previous Address	City	State	Zip	Dates
Previous Address	City	State	Zip	Dates
Previous Address	City	State	Zip	Dates
Previous Address	City	State	Zip	Dates

Provide addresses for the last 5 years

In connection with my application for student teaching placement, I understand that a complete background investigation regarding criminal record information may be conducted through an outside agency. (Texas Education Code Section 21.917)

I agree that a Photostat of this authorization shall be considered as effective and valid as the original.

I authorize and request all law enforcement agencies to release such information without restriction or qualification. I also release any agency hired to gather information from all liability associated with this background investigation.

I have read and understand the above statement.

Applicant's Signature

Date

Phone Number