



NON-DFPS STAFF BACKGROUND CHECK REQUEST FORM

Purpose: Persons requesting access to DFPS clients and resources who are not DFPS employees must complete this form to authorize DFPS to conduct criminal history and DFPS Abuse and Neglect background checks.

Directions: The non-DFPS user obtains this form from a DFPS sponsor, completes it, and returns it to the DFPS sponsor.

PERSONAL INFORMATION			
First Name:	Middle Name: <input type="checkbox"/> No Middle Name	Last Name:	
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last			<input type="checkbox"/> No Other Names
Home Address:	City:	State:	Zip Code:
County of Residence:	Date of Birth:	Phone Number:	
Social Security No. (if no SSN, provide alternate document name and ID number)		Driver's License Number and State:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	
PREVIOUS PLACES OF RESIDENCE			
Have you lived outside the state of Texas in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List the complete address with dates of other places you have resided (for a minimum of the past two (2) years – continue on back as needed)			
Full Address (include city, state, and zip code):		MM/YYYY - MM/YYYY Resided:	
Full Address (include city, state, and zip code):		MM/YYYY - MM/YYYY Resided:	
Full Address (include city, state, and zip code):		MM/YYYY - MM/YYYY Resided:	
Full Address (include city, state, and zip code):		MM/YYYY - MM/YYYY Resided:	



SPONSOR INFORMATION

Name of Sponsor: Deddra Williams for RCC Director
Cristina Guerrero

Phone Number of Sponsor: 512-438-3330

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

SIGNATURES

- I understand that I am requesting access to DFPS clients and resources and this access requires criminal history and DFPS Abuse and Neglect background checks, and I authorize DFPS to complete these background checks.
- I understand that background checks are conducted on an annual basis for Non-DFPS Staff. I authorize DFPS to conduct a criminal history and DFPS Abuse and Neglect check each year that I have access to DFPS clients and resources.
- I understand that I have the right to contest the information found in my criminal background checks.
- I understand that by signing this Electronic Signature Acknowledgement form, it is equivalent to my handwritten signature and legally binding. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. I acknowledge and warrant the truthfulness of the information provided in this document.
- By law, any information obtained through DFPS is confidential information and is personal in nature. I understand that I may have access to or may view confidential and sensitive information. I will not disclose confidential information to other individuals and under no circumstances will I intentionally access confidential information for any purpose other than in the performance of my assigned job duties.

Signature:

X

Date Signed: