



LAMAR INSTITUTE OF TECHNOLOGY

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM™

Office of Human Resources

P.O. Box 11127
Beaumont, TX 77710

SECURITY SENSITIVE RELEASE FORM SUMMER CAMP STAFF / VOLUNTEER

Select one: Faculty / Staff Student Volunteer

REQUIRED INFORMATION

Department		Camp Name			
Last Name		First Name		Middle	
Maiden or Former Names Used					
Street Address		City	County	State	Zip Code
Contact Phone	Cell Phone Number	Alt. Phone/Fax		Email Address	
Driver's License Number & State		Social Security Number		Date of Birth	

List all locations where you have lived during the last seven (7) years prior to your current residence.
(If additional space is needed, please write on the back of this form or attach another sheet)

Date		City	State	Zip Code	County
From	To				

Have you ever committed a felony? Yes (explain in space below) No (continue to next page)

Explain:

AUTHORIZATION Disclosure Regarding Background Investigation

Lamar University performs background checks for all Summer Camp Staff/Volunteers and third-party camps using Lamar University property for camps and programs for minors in accordance with the *Texas Education Code §51.215, the Texas Legislative Code §411.094 and Texas State University System Policy on Child Protection.*

Lamar University request the above information to complete a background check through the Texas Department of Public Safety (DPS) Computerized Criminal History database and the National Sex Offender Public Registry.

The DPS Computerized Criminal History is a name based information database and is not an exact search. Only fingerprint record searches represent true identification to criminal history. Therefore, Lamar University offers you the opportunity to have a fingerprint search performed to clear any misidentification based on this name search if the search reveals a criminal history report that you know could not be yours.

Authorization of Background Investigation

I have carefully read and understand this Authorization form. By my signature below, I consent to preparation of background reports through the Texas Department of Public Safety (DPS) Computerized Criminal History database and the National Sex Offender Public Registry.

I certify that the information I provided on this form is true, complete, and correct. I understand that any false statements made herein will void my eligibility to participate in any Lamar University Summer Camp(s) or any third-party camp(s) using Lamar University property. I also understand if the results of the background check indicates that I have been convicted of a felony or had an offence involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor) that I did not disclose, Lamar University has the right to immediately decline my participation with any Summer Camp(s) and Programs using Lamar University property.

I understand that Lamar University is not responsible for the accuracy of the information contained in any criminal history report. I release Lamar University from all liability, claims, and lawsuits with respect to the information obtained from any or all of the sources consulted in the background investigation.

I agree to complete the attached DPS Computerized Criminal History (CCH) Verification form allowing Lamar University to conduct a computerized criminal history verification check on myself.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic form (including electronically signed), will be valid for any background reports that may be requested by or on behalf of Lamar University.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

LAMAR INSTITUTE OF TECHNOLOGY

Lamar Institute of Technology is firmly committed to providing a safe environment for youth to grow, learn, and have fun. The information on this Security Sensitive Release Form is the property of Lamar Institute of Technology.

ALL INFORMATION RECEIVED ON THIS FORM WILL BE CONFIDENTIAL

**REFUSAL TO SIGN AND COMPLETE THIS FORM WILL ELIMINATE THE
ELIGIBILITY OF THE APPLICANT TO PARTICIPATE IN ANY
SUMMER CAMP(S) AT LAMAR INSTITUTE OF TECHNOLOGY**

DPS Computerized Criminal History (CCH) Verification

(LAMAR INSTITUTE OF TECHNOLOGY COPY)

I, _____, acknowledge that
APPLICANT NAME (Please print)

a Computerized Criminal History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and the National Sex Offender Public Registry and will be based on name and DOB identifiers I supply. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F. (This is not a consent form).

NOTE: Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. It is my responsibility to request a fingerprint search to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete that process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant

Date

Lamar Institute of Technology

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Rev. 07/07/2016

Please: Check and Initial each Applicable Space
CCH Report Printed:
YES _____ NO _____ _____ initial
Purpose of CCH: <u>LIT SUMMER CAMP</u>
Empl _____ Student _____ Vol _____ _____ initial
Date Printed: _____ _____ initial
Destroyed Date: _____ _____ initial
Retain in your files