SUBSTITUTE

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

				
and Name	The A Name		C: 3 31 - T 12 - 1	•
ast Name	First Name	N	fiddle Initial	
Maiden and/or Other Last N	Names Used		_	
City	County	State	Zip	Code
Date of Birth	Social Security Number		Sex R	ace
een informed that I will have a restablished within the sole discretion rovided the name, address and teles following are my responses to uswer.	ny negative information that would adversasonable opportunity to clear up any mist on of the district. Under the Fair Credit Relephone number of the reporting agency a questions about my criminal record history plead guilty before a court of any federal tovide an explanation below:	aken information repeporting Act, I have less well as the nature, so with description (if any) with description and the second s	orted within a re peen advised that substance and sou ptions to any que	asonable tim upon reques urce of all inf estions with a
	l adjudication or similar disposition for an ion below:	ıy federal, state, or π	nunicipal crimina YES	l offense? NO
If YES, please provide an explanat	on or community supervision for any fede		YES	NO
3. Have you ever received probatic If YES, please provide an explana	on or community supervision for any fedetion below: If any criminal offense in a country outside	ral, state, or municip	YES al criminal offen YES	se?

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR UPON HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.

CITY / TOWN	COUNTY	STATE	DATES FROM	то

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF SUBSTITUTING FOR HOWE ISD WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE DISTRICT.

Signed this day of	,20
Substitute (Print Name)	
Substitute Signature	