



## Criminal Records Check Information

Disclosures: With few exceptions, you are entitled on your request to be informed about the information UT Health San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have the university correct information about you that is held by us and is incorrect, in accordance with the procedures set forth in UTS139. You may be required to correct/contest criminal background records with the source of the record. The information the university collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time. Disclosure of your Social Security Number ("SSN") is required of you in order for UTH to conduct a criminal background investigation, as mandated by Texas Government Code, Sections 411.094 and 411.086.

Applicant's Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State of Issue \_\_\_\_\_

Other name(s) you may be known as (e.g., maiden name, birth name, etc.):

\_\_\_\_\_

I hereby authorize UT Health San Antonio to obtain and/or its agent to obtain and furnish information to UTHSA related to my criminal background. I further authorize UT Health San Antonio to consider that information when making decisions regarding my application status. I consent to providing my fingerprints (only if required) in connection with the criminal background check. I hereby release UT Health San Antonio and all its agents and employees, the law enforcement agency, and all employees of law enforcement agencies furnishing information from all liability resulting from the furnishing of this information to UT Health San Antonio. I certify that the statements made by me on this form and in connection with my application whether on this form or not, are true, complete and correct to the best of my knowledge and belief and I understand that any misstatement, falsification, or omission of information may void my application. I certify that I will report in writing any charges or conviction, excluding misdemeanor offenses punishable only by fine, occurring after the date of this application to the UT Health San Antonio Police 210-567-2800.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Legal Guardian / Parent Signature \_\_\_\_\_

### Protection Courtesy Service

Department of University Police | Mail Code 7953 | 7703 Floyd Curl Drive | San Antonio, Texas 78229- 3900  
210.567.2791 | Fax 210.615.0539 | [www.uthscsa.edu](http://www.uthscsa.edu)