

Criminal Records Check Information

Disclosures: With few exceptions, you are entitled on your request to be informed about the information UTHSCSA 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 UTHSCSA 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 that UTHSCSA 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 UTHSC to conduct a criminal background investigation, as mandated by Texas Government Code, Sections 411.094 and 411.086. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

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 UTHSCSA to obtain and/or its agent to obtain and furnish information to UTHSCSA related to my criminal background. I further authorize UTHSCSA 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 UTHSC 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 UTHSCSA. 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 UTHSCSA Police 210-567-2800.

Date _____

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

10/14