

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

Complete the following for each person requiring a Criminal History/Central Registry Check and return this form to the Licensing Office. Additional forms may be obtained from the Licensing office.

<input type="checkbox"/> Initial <input type="checkbox"/> 24 Month Check		<input type="checkbox"/> FBI Check Required	
Social Security Number		ID Type - Drivers License or ID Number - State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years you must also list previous address(es) outside of Texas, including the county:		Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Other Staff <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
Date Hired /Used by the Operation/Agency	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	

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