



*Sunnyvale ISD...Raiders Rise*

August 5, 2019

Dear Sunnyvale ISD Volunteer,

First, let me state my appreciation for your commitment to the students of our school district by expressing your interest in volunteering. Our school could not operate as well without the dedication and efforts from individuals such as you.

As you are aware, state law requires that all individuals who have direct contact with students must undergo background checks. These checks are for the protection and safety of our students, which is an issue of highest priority for my office. I welcome these regulations as a safeguard to insure that our parents can be assured that their children will be taken care of when in attendance here. Let me assure you that the information obtained in the background check will remain confidential.

Please complete the attached document so that we may start the required check. Again, thank you for your involvement in the students of our district. I look forward to working with you.

Sincerely,

Doug Williams, Superintendent  
Sunnyvale ISD  
972-226-5974

**\*\*You will only need to fill out ONE form  
per person for the school district.\*\*  
If students are at different campuses, you  
only have to turn in 1 form to 1 school.  
Thank you.**



# CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Homeroom Teacher:** \_\_\_\_\_

I authorize the Sunnyvale Independent School District to obtain any information pertaining to any criminal history record maintained by any law enforcement agency, and to use said information for the purpose of evaluating my application for volunteer work at this school district.

*Please type or print*

**Volunteer Information**

**Last Name**

**First Name, Middle Name**

**Maiden**

**Any other names used:** \_\_\_\_\_

**Date of Birth**  /  /

I understand that the information I am providing about my age will not be used to determine eligibility for volunteer work at this school district, but will be used solely for the purpose of obtaining criminal history record information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## AUTORIZACIÓN DE EL HISTORIAL DE REGISTRO CRIMINAL

Autorizo al distrito independiente de la escuela de Sunnyvale obtener cualquier información que pertenezca a cualquier expediente de historia criminal mantenido por cualquier agencia de la ley, y al uso de la información con el fin de ejercer mi trabajo en este distrito escolar.

*Por favor escribe con letras de molde o a maquina*

**Información Voluntario**

**apellido**

**nombre, medio**

**apellido de soltera**

**Otros nombres usados:** \_\_\_\_\_

**Fecha de nacimiento**  /  /

Entiendo que la información que estoy proporcionando sobre mi edad no será utilizada para determinar la elegibilidad de mi trabajo en este distrito escolar, sino que sera utilizada solamente con el fin de obtener la información de registro de historia crminal.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_