

Texas Department of Aging and Disability Services
GUARDIANSHIP SERVICES

REQUEST FOR CRIMINAL HISTORY BACKGROUND CHECK

Date of the Request: _____ Name of Contractor: Friends for Life

Print or Type the Name of Employee, Volunteer, or Candidate including middle name or Initial:

Last _____ First _____ Middle _____

Alias or Other Names used by the Employee or Candidate: _____

Date of Birth: _____ Sex: _____ Texas Driver License Number: _____

Ethnic Origin (optional): _____

Signature of the Person Requesting the Check: _____

Printed Name of the Person Requesting the Check: Joyce Hull

AUTHORIZATION TO RELEASE CRIMINAL HISTORY RECORD INFORMATION
AND RELEASE OF LIABILITY

I acknowledge that the Texas Department of Aging and Disability Services (DADS) obtains criminal history record information about me upon selection for employment or volunteer work providing guardianship services and obtains this information at least annually thereafter in accordance with applicable statutes. I further acknowledge that a clerk of a county having venue over the proceeding for the appointment of a guardian is required to obtain criminal history record information about me in accordance with applicable statutes.

I hereby consent to and authorize DADS to release any and all criminal history record information about me that DADS has in its possession to any clerk of a county having venue over the proceeding for the appointment of a guardian in which I may provide guardianship services to a ward referred by DADS.

I hereby consent to and authorize the contractor to release any additional information about me that the contractor has in its possession to DADS, that is required to determine the accuracy of my criminal background check for my employment or volunteer services with this agency.

I expressly waive, release, discharge and indemnify the State of Texas, Texas Department of Aging and Disability Services or the contractor individually and as guardian of any person or estate, its wards and their estates, its officers, attorneys, agents and employees from any cause of action, claims or liability arising from any disclosure of information or release of records confidential or otherwise, related to criminal history record information pursuant to this authorization.

I agree that a copy of this authorization is acceptable as though it were an original. I have read this authorization and release fully and realize its effect. This authorization will remain in effect until termination of my employment or volunteer services with this agency.

Signature of the Candidate, Employee and/or Volunteer: _____

Date of Signature: _____