

**PERMISSION TO ALLOW CASA PROGRAM TO REQUEST
CHILD ABUSE/NEGLECT
CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK**

REQUIRED IDENTIFYING INFORMATION ON SUBJECT OF REQUEST - The requester must provide all of this information in order for a check to be made:

First Name		Middle Name		Last Name	
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
E-mail Address (optional)					
Residence Street Address			City	County	State Zip Code
Residence Telephone No. (A/C)		Date of Birth	Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female		SSN
Race (check all applicable) <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pacis <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine			Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine		
List all addresses you have resided in Texas :					

I am the person listed above. The information in this document is correct and I am a prospective or current volunteer, employee or board member of a court appointed special advocate (CASA) program. I agree to update the CASA program of any changes to the information above.

I grant permission to the CASA program to request a Child Abuse/Neglect Central Registry and a Texas Department of Public Service Criminal history check as well as any subsequent checks so long as I am active with the CASA program.

I understand that the information I am providing will be part of any request and that providing false information is a violation of Texas Penal Code Section 37.10.

Signature: _____

Date of Consent: _____