

POLICE RECORD CHECK

SECTION I

DATE: _____

1. Name of Individual _____ 2. Aliases: _____ 3. Sex: _____
(Last, First, Middle)

4. Place of Birth: a. City _____ b. County _____ c. State or Country _____

5. Ethnic Group: Black _____ White: _____ Other: _____ 6. Date of Birth: _____ (DD MMM YY)

7. Social Security Number: _____

8. Driver's License Number: _____ State: _____

9. Home Address _____ (Number, Street, Apartment, City, State, Zip Code) SUC: _____

10. Check category below, as applicable:

a. The person described above is a member of the Texas State Military Forces or an employee of the Adjutant General's Department and claims to reside at the address furnished in block 9 above. Request that in accordance with Texas Government Code, Section 431.037, your agency furnish us the information requested in Section III below.

b. The person described above is applying for unaccompanied access of Arms, Ammunition, and Explosive (AA&E) and sensitive areas. This individual signed the statement below authorizing your department to release the information in Section III below in accordance with Texas Government Code, Section 431-037.

(Printed Name and Rank of Authorizing Official)

(Duty Position)

(Unit Name and Address)

(Signature)

SECTION II
DATA REQUIRED BY PRIVACY ACT OF 1994

AUTHORITY: Title 10, United States Code, Section 504, 505, 510 and 520 (A).

PRINCIPAL PURPOSE: To determine eligibility for criminal record check for the Texas State Military Forces

ROUTINE USES: This information becomes part of your personnel records which are used to provide promotion, reassignment, training, and other personnel management actions for you.

DISCLOSURE: Disclosure is voluntary, however, failure to supply any required information may result in the refusal of your unaccompanied access into AA&E and sensitive items areas of the Texas State Military Forces. The data obtained is for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with applicable law and regulations. Making a knowing and willful false statement may reflect adversely on your past conduct and performance, may have an adverse impact on you in your career situations such as consideration for special assignment, security clearance, court-martial and administrative proceedings, etc.

I, _____, authorize the Texas State Military Forces or employee of the Adjutant General's Department to conduct a criminal record check, and do hereby consent the release of the information requested in Section II.

(Signature/Date)

SECTION III

(To be completed by Law Enforcement Agency)

1. Does the individual have a police or juvenile record, to include minor traffic violations? Yes _____ No _____

2. If yes, please list the offense or charge, the date, and the disposition or sentence.

3. Is the individual now undergoing court action of any kind? Yes _____ No _____

4. If yes, please detail.

This is to certify that the above data is true and correct according to the records on file in this office. This information is confidential and cannot be used in any other manner except for official purposes.

(Printed Name & Title) _____

(Agency) _____

(Signature) _____

(Date) _____

Please Mail To: