

Complete this form before a notary public, have notarized and attach to your application to the Region 10 Teacher Preparation and Certification Program. Your application will not be reviewed without this completed form.

**Region 10 Education Service Center
Teacher Preparation and Certification Program**

Affidavit for Acquisition and/or Release of Criminal Records and Personal Data

Name (please print) _____
Last Name First Name Middle Name Maiden Name

Date of Birth _____ Sex: _____ Male _____ Female

Texas Drivers License No. _____ Soc. Security No. _____

Applicant/Intern Affidavit: All applicants/interns must execute this affidavit.

"I do hereby agree, consent, and direct that any person or entity maintaining information in any form relating to my criminal history shall release all such information to the Region 10 Education Service Center Teacher Preparation and Certification Program at its request.

I hereby authorize the Region 10 Education Service Center Teacher Preparation and Certification Program to obtain any information in any form relating to my criminal history from any person or entity (governmental or private) maintaining information in any form relating thereto.

I do hereby agree, consent, and direct the Region 10 Education Service Center Teacher Preparation and Certification Program to release any or all information relating to my criminal history to administrative staff of local school districts, the Texas Education Agency, the State Board for Educator Certification, educator preparation programs, and any education entity functioning under the aegis of the Texas Education Code.

I do further hereby agree and permit the Region 10 Education Service Center Teacher Preparation and Certification Program to obtain from any person or entity information relating to my personal background, my moral character and my worthiness to instruct the youth of this state, and do hereby expressly direct that any such person or entity release such information upon the request of the Region 10 Education Service Center Teacher Preparation and Certification Program.

I do hereby agree, consent, and direct the Region 10 Education Service Center Teacher Preparation and Certification Program to release any or all information relating to my personal background, my moral character and my worthiness to instruct the youth of this state, to administrative staff of universities, local education agencies/school districts, charter schools, private schools, the State Board for Educator Certification, The Texas Education Agency, ESCs, and/or other entities relating to teaching or working with children and/or participating or cooperating in teacher certification programs, as such information may relate to my application, suitability for internship, employment, and/or admission, status, good standing, or continuation as an applicant, intern, alternate for internship, university student, or school employee before or after acceptance in any of those capacities.

I do hereby release, discharge, and exonerate the Region 10 Education Service Center Teacher Preparation and Certification Program, its agents or representatives, and any person or entity so furnishing information from any and all liability of every kind arising therefrom.

I understand that a copy of this affidavit shall have the same force as the original."

Signature of Affiant

Date

ACKNOWLEDGEMENT

Signed and subscribed to before me, the undersigned authority on the _____ day of _____

Notary Public _____

Printed Name _____