

**CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK  
AUTHORIZATION/WAIVER/INDEMNITY**

I hereby give my permission to Dallas Christian College to obtain information relating to the criminal history of education students of Dallas Christian College through I-nex Solutions. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for student teaching/internship. I also understand that as long as I remain a student of Dallas Christian College, the criminal history record check may be repeated at any time. I understand that, by my request, I will have an opportunity to review the criminal history as received by Dallas Christian College, and that a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release, and forever discharge and agree to indemnify I-nex Solutions and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of I-nex Solutions) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a student teacher/intern associated with Dallas Christian College.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

**REQUESTED INFORMATION FOR CRIMINAL BACKGROUND CHECK**

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

ANY OTHER NAME YOU HAVE EVER GONE BY:

\_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ETHNIC ORIGIN: \_\_\_\_\_