



**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANT WITH THE FCRA  
(Fair Credit Reporting Act)**

I am an applicant for the **KEYS mentor program** with the Katy Independent School District (the District) and have been advised that, as a part of the application process, the District will conduct a criminal history background check. I do hereby consent to the District's use of any information provided during the application process in performing the criminal history check. The District has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to become a mentor. In addition, I have been informed that I will have an opportunity to clear up any mistaken information reported, within a reasonable time frame established at the sole discretion of the District. In compliance with the Fair Credit Reporting Act, I have been advised that, upon request, I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

**Note:** Any misrepresentation or omission of the information requested on this form will have an adverse impact upon your application to become a KEYS mentor.

Last name	First name (per birth certificate)	Middle name (per birth certificate)	
Last name (per birth certificate) and any other last names you have used			
Social Security Number _____ - _____ - _____	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Race	Date of birth (MM/DD/YY)

Please complete the information requested below for all locations of residence since the date of your 18<sup>th</sup> birthday.  
You must be specific about dates.

City/Town	County/Parish	State	Year From	Year To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please use a separate sheet, if necessary, to provide complete information.)

*I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information is found to be incorrect or incomplete, it may render me ineligible to mentor.*

Signature	Date
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**Personnel Office Use Only**

Results: FI/OS \_\_\_\_\_ Archive \_\_\_\_\_ National \_\_\_\_\_