

Office of Professional Standards
100 N. University Dr., Ste. NE 111, Fort Worth, Texas 76107
OFFICE 817.814.1888/1886
Fax Forms to 817-814.1889/1887



Fort Worth
INDEPENDENT SCHOOL DISTRICT

REQUEST OF BACKGROUND CHECK FOR VOLUNTEER

*Please provide all requested information and print clearly.

For District Personnel Use Only

From (FWISD Admin./Designee): _____

Organization (Campus/Department): _____

Phone: _____ Fax: _____ Date of Request: _____

For Applicant Use Only

Last Name First Middle (Maiden Name(s) if Applicable

Date of Birth Gender Ethnicity State Driver License or ID Number

Address City/Zip Contact Telephone Number

Applicants Signature: _____

Texas Ed. Code 22.085©

A person must provide to the school District, a driver's license or another form of ID containing the person's photograph issued by an entity of the United States government.

Copy photo ID here

For Office of Professional Standards Use Only

Date Criminal Record Check Conducted: _____

OPS Reviewer's Signature: _____

Clear: _____

Not Clear: _____ (Applicant may call OPS for clarification or appeal)