FORT WORTH INDEPENDENT SCHOOL DISTRICT
OFFICE OF PROFESSIONAL STANDARDS
100 N. UNIVERSITY DRIVE
ROOM NE 111
FORT WORTH, TEXAS 76107

Date Received
_____
_____
Initials

To: Office of Professional Standards
Direct all inquiries to Charles E. McCarty

Clear

Fax: 817-871-2839 **Phone: 817-871-2439**

Not Clear
Call OPS

***Please Print Clearly**

From: _____

Organization: _____

Phone: _____ **Fax:** _____

REQUEST FOR BACKGROUND CHECK FOR
VOLUNTEER

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

DOB **Gender** **Ethnicity** **State Drivers License or ID Number**

Address **City/Zip** **Home Telephone**

_____
Date of Request

_____
Volunteer's/Non-employee's Signature

_____
Tarrant County S.O.

_____
Office of Professional Standards Reviewer

Pictured Identification Required

Please copy in this space

State or US Govt. Issued Identification
State ID/DL – Resident Card – US Visa – etc.