

**EDUCATION SERVICE CENTER—REGION XIX
COUNSELOR ALTERNATIVE PROGRAM—CAP**

Dear Applicant:

It is necessary to obtain the information contained by the Computerized Criminal History database of the Texas Department of Public Safety. This data is requested of all applicants interested in the Counselor Alternative Program—CAP with the Education Service Center—Region XIX. This action is pursuant to Section 22.083. of the Texas Education Code.

**EDUCATION SERVICE CENTER—REGION XIX
COUNSELOR ALTERNATIVE PROGRAM—CAP**

I, _____ the undersigned, an applicant for the Counselor Alternative Program—CAP at Education Service Center—Region 19 do hereby authorize Education Service Center—Region 19 to obtain any criminal history information that relates to me. This authority is given pursuant to Section 22.083 of Texas Education Code.

Legal Name

Maiden Name (if applicable)

Social Security Number

Driver's License Number/State

Street Address

City/State/Zip Code

Date of Birth

Signature of Applicant

Please complete this form and return it to the TPCP office