



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME RECORDS SERVICE
Access & Dissemination Bureau



PROCEDURE FOR REVIEW OF PERSONAL CRIMINAL HISTORY RECORD INFORMATION

It is the policy of the Texas Department of Public Safety (DPS) that an individual or their authorized representative have access to and may receive a copy of their criminal history record information (CHRI). This policy is in compliance with the Texas Government Code, Section 552.023.

FINGERPRINTS SUBMITTED ELECTRONICALLY TO DPS: The DPS has entered into an exclusive contract with MorphoTrust USA to provide statewide electronic fingerprinting through DPS FAST locations operated by Identogo. Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at www.identogo.com or by calling 1-888-467-2080. DPS FAST locations operated by Identogo are committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. The cost of this service is \$9.95 plus a \$15.00 fee for the CHRI. The results will be mailed to the address provided by the individual.

1. SCHEDULING YOUR FINGERPRINT APPOINTMENT:

- Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at www.identogo.com or by calling 1-888-467-2080.
- **When Scheduling Online:**
 - a) Select the State of **Texas** from the map of the U.S.
 - b) Select the **Online Scheduling**.
 - c) Select **English or Espanol**.
 - d) Enter your **First and Last Name**.
 - e) Select **All Others**.
 - f) Select **Option A – Electronic Submission**.
 - g) Select **NO, I do not have a FAST Fingerprint Pass**.
 - h) Select from the list the reason you are requesting a copy of your Criminal History Record Information.
 - i) Enter the **Designated Recipient's Information**.
 - j) Follow the prompts to enter requested information.
- **When Scheduling Over The Phone:**
 - a) Request an appointment for **Electronic Fingerprint Submission** for the purpose of a **Personal Review**.
 - b) The call center operator will ask you for your demographic information, i.e. Date of Birth, Sex, Race, Ethnicity, Height, Weight, Eye Color Hair Color, Place of Birth and Home Address.
 - c) You will select a location nearest to you for your fingerprint appointment.

2. YOUR FINGERPRINT APPOINTMENT:

- You will need to bring a valid State Issued Identification to your appointment.
- The Enrollment Agent will confirm your information and obtain an image of your fingerprints and a photo.
- Once the appointment is completed you will be provided a signed receipt which includes a Tracking Control Number (TCN), please retain your receipt for your records.

FINGERPRINTS SUBMITTED BY MAIL THROUGH MORPHOTRUST USA: The individual or their authorized representative must submit a completed hard card FAST pass form with the individual's signature and fingerprint card to MorphoTrust USA. The results will be mailed to the designated recipient provided by the individual. If you have any questions, please call (512) 424-5079.

1. REGISTER YOUR FINGERPRINT SUBMISSION:

- Follow all instructions listed on the Personal Review FAST Form to register your fingerprint submission by logging on to the IdentoGO Website at www.identogo.com.

2. PAY BY CREDIT CARD OR MAIL IN PAYMENT:

- During your registration you will be provided an opportunity to make your payment by credit card or to elect to mail in the \$24.95 by check or money order made out to MorphoTrust USA with your submission.

3. COMPLETED THE PERSONAL REVIEW FAST FORM:

- All the information requested on the form is required. Please print legibly. **Individual's signature must be on the FAST form.**

4. COMPLETED FINGERPRINT CARD:

- Following information regarding person whose record is to be searched, must be completed on the fingerprint card:
 - a) Printed last name, first name, middle name of individual, including all alias names.
 - b) Sex, race, date of birth, Social Security Number.
 - c) Complete, legible set of fingerprints on a DPS approved fingerprint card which may be obtained from a law enforcement agency or FAST provider near you. Visit www.identogo.com or call 1-888-467-2080 to locate a FAST provider near you. **Individual's signature must be on the fingerprint card.**

5. SUBMISSION:

- Mail the completed Personal Review FAST Form, completed fingerprint card and payment (if applicable) to:

**MorphoTrust USA
Texas Cardscan Processing
1650 Wabash Avenue, Suite D
Springfield, IL 62704**



PERSONAL REVIEW

Texas Department of Public Safety

This document is your *FAST Fingerprint Pass* for a state criminal history record check. Please pay for your fingerprint submission by visiting <http://www.identogo.com> or by calling 1-888-467-2080. **When scheduling an appointment you will be prompted by Identogo for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth, Driver License Number and Home Address. Requested data is required by the Texas Department of Public Safety to process your background check.** These data elements have been

omitted from this document in order to better protect the security of your personal information. You may pay for *FAST* services online with a credit card or by mail with a check or money order only made payable to MorphoTrust USA. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to <http://www.identogo.com>
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **All Others**
7. Select: **Option A – Electronic Submission**
8. Select: **Yes, I have a FAST Fingerprint Pass**
9. Enter: **TXIREVIEW**
10. Enter: **Designated Recipient Information**
11. Select: **Pay for Ink Card Submission**
12. Follow the prompts to enter requested information.
13. Write in: **RegID** _____
14. Mail in this completed form with your completed Fingerprint Card to address below.

Section One: Qualified Entity Information

ORI#: [TXIREVIEW](#)

Original TCN: _____
(If resubmission for rejected fingerprints)

Section Two: Applicant Name (To be completed by applicant)

Last: _____ (Please print) First: _____ (Please print) Middle: _____ (Please print)

Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature: _____ Date: _____

Section Four: Fingerprint Cards and Payment

Your fingerprint cards must include the following personal data: Date of Birth, Sex, Race, Height, Weight, Eye Color, Hair Color, Place of Birth, Home Address, and Social Security Number. Requested data is required by the Texas Department of Public Safety to process your background check. Mail your card and payment (if not paid online) to:

**MorphoTrust USA
Texas Cardscan Processing
1650 Wabash Avenue, Suite D
Springfield, IL 62704**

RegID: _____
(provided at the end of online registration)

Amount Charged For Service: **_\$24.95_**

Paid by: Check/Money Order (mailed in) Credit Card (online)

Applicants wishing to verify that a fingerprint card has been processed may call (888) 467-2080 and speak with a customer service representative. Please allow 3 days from date of mailing before contacting MorphoTrust USA Enrollment Services regarding processing status.