

Tarrant County Medical Examiner's Office
Authority to Conduct CJIS Criminal Background Check

Full Legal Name: _____
Current Home Address: _____
City, State, Zip: _____
Contact phone numbers: _____
ID/DL Number: _____ State: _____
Date of Birth: _____ Place of Birth: _____
Height: _____ Weight: _____ Color Eyes: _____ Color Hair: _____
Gender: _____ Race: _____ Social Security Number: _____
Your Company Name: _____
Address: _____
City, State, Zip: _____
Supervisor's Name: _____ Telephone: _____
List other names you have been known by to include maiden names: _____
Have you ever been arrested for anything (including a traffic ticket)? Yes No
If yes, explain: (if more room is needed, attach additional sheets) _____

Incomplete requests will not be considered. ---- False information will result in disapproval.
Information included herein will not be disclosed to third parties.

I authorize the Tarrant County Medical Examiner's Office to access Texas, national and possibly international criminal justice information that pertains to me if any exists. I understand that this is a requirement of the Federal Bureau of Investigation (FBI) – Criminal Justice Information Services Division because of the nature of the position I currently hold or that I am applying for at this time. **The FBI requires all individuals who have unescorted access to physically secure locations or controlled areas where Criminal Justice Information (CJI) is contained and / or is accessed to be subject to state and national criminal background checks.**

I authorize the Tarrant County Medical Examiner's Office to conduct a computer records search related to the information I have provided above. I understand that my information will be processed through local, state, national and possibly international criminal justice computer systems to determine if I have any events that could potentially disqualify me from accessing Criminal Justice Information (CJI) locations.

I affirm that all of the information that I have provided above is true and accurate.

Signature: _____ Date: _____

Include a clear color copy / photo of your government issue ID/DL and social security card with this form upon return.

Administration Use Only

Signature: _____ Date: _____
(TCME representative requesting background check)
Approved: _____ Disapproved: _____
Comments: _____

If a need arises to challenge the FBI record response, 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.

For Official Use Only – Law Enforcement Sensitive (FOUO – LES)