

# Texas Department of Family and Protective Services

## Request for Criminal History - Form 2971

Please complete front and back, one for each parent

**INDIVIDUAL'S IDENTIFYING INFORMATION**

All names used currently or in the past must be provided. If you do not provide every name that the person has used, you may receive inaccurate results.

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
Social Security Number:		ID Type: <input type="checkbox"/> Driver's License: <input type="checkbox"/> State ID: <input type="checkbox"/> None	
First Name:	Middle Name:	Last Name:	
Street Address:	City:	State:	Zip Code:
County:	Telephone Number (A/C):	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

You must list any other city in Texas where the person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:

Preferred method of contact for scheduling fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the person. This information will be required when the person schedules a fingerprint appointment.

Email:  
 Telephone Number (A/C):

Relationship of person to requestor:

Adoptive Parents   
  Caregiver   
  Director   
  Foster Parent   
  Household Member   
  Licensed Administrator  
 Other Staff   
 Staff   
 Volunteer   
 Other:

For Foster/Adoptive Homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s)

Relative                     
  Fictive Kin                     
  Unrelated

Date Hired /Used by the Operation/Agency:	<i>Ethnicity</i> (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
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Other names used (married, maiden, etc.) First Name:	Middle Name:	Last Name:
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