

Request to Delete Retained Fingerprints

I, _____, hereby request the Texas Department of Public Safety to delete copies of my fingerprints which were retained in order to facilitate my participation in the DPS and FBI rap back programs.

I acknowledge and understand that:

My fingerprints will not be deleted if they are associated with a criminal event. INITIAL _____

In the event that other agencies have a lawfully authorized subscription to my fingerprints, DPS will not delete my fingerprint until an official release is received from the authorized agency(s). DPS will make me aware of any other lawful subscriptions to my record, but it is my responsibility to obtain a release from the subscribing agency(s). INITIAL _____

After my fingerprints are deleted, I may be required to be re-fingerprinted if applying for a job that requires a fingerprint based background check to be performed. INITIAL _____

Fingerprints acquired for the purposes of obtaining a driver license will not be deleted. INITIAL _____

Any risk associated with revocation of other licensing or costs associated with reprinting for other employment or licensure directly related to the requested fingerprint removal from the systems will fall on me and not DPS. INITIAL _____

Note: The removal of fingerprints is an optional request. Please be advised that DPS will be unable to purge fingerprints if this form is incomplete and/or missing a signature.

*If you **do not** wish to have your fingerprints deleted, you may enter 'N/A' on the blank name line at the top of the form and complete the bottom portion of this form only; otherwise, the form should be completed in its entirety.*

Last Name	First Name	Middle Initial
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Date of Birth	DL#	CAPPS Employee ID
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Physical Address	Email Address
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Address information is requested so that you can be contacted in the event that other agencies maintain a subscription on your fingerprint record

Signature	Date
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