

**CHILD DAY CARE CENTER
REQUEST TO NOT SUBMIT BACKGROUND CHECK
ONLINE FORM**

“Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.”

TO BE COMPLETED BY THE PROVIDER OR DESIGNEE (please type or print)

Name of Operation	Operation Number	Telephone No. (A/C)		
Street Address of Operation	Email Address	City	Zip	County
Name of Governing Body Representative		Telephone No. (A/C)		
Address of Governing Body Representative		City	State	Zip

This request must be submitted to the your operations licensing representative;

1. Reason why you are requesting permission to not submit your background check online?
2. What are your plans to come into compliance with submitting all background checks online?
3. By what date do you plan to start submitting your background checks online?

The information given is true and complete to the best of my knowledge.

Signature – Provider or Designee

Date Submitted

Licensing Use Only	Licensing Representative		Approval or Disapproval
	Date Received	Date decision was shared with operation:	Reason for disapproval: