



STATE OF MARYLAND
 DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
 CENTRAL REPOSITORY
 P.O. BOX 32708
 PIKESVILLE, MD. 21282-2708

365 DAY REQUEST FOR CHILD CARE CRIMINAL HISTORY RECORD CHECK

NAME _____
 (Last) (First) (MI)

ADDRESS _____
 (Number) (Street) (P.O. Box)

 (City) (State) (Zip Code)

SOCIAL SECURITY NUMBER _____ - _____ - _____ DATE OF BIRTH ____/____/____

(This information is required under Article 27, § 742-755, Maryland Annotated Code and under COMAR 12.15.01 in order verify and preserve security of the record)

THE REFERENCE NUMBER FROM YOUR MOST RECENT CHILD CARE APPLICATION FOR A FINGERPRINT SUPPORTED CRIMINAL HISTORY RECORD CHECK (the check must have occurred within the past 365 days).

_____ (12 DIGIT NUMBER)

I hereby give my consent for requested Child Care Criminal History Information to be forwarded to the employer listed below.

SIGNATURE OF EMPLOYEE _____ DATE _____

TO BE COMPLETED BY NEW EMPLOYER: Please list complete mailing address.

 (EMPLOYER NAME)

 (ADDRESS)

 (CITY) (STATE) (ZIP CODE)

AUTHORIZATION NUMBER: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

MAIL TO: CJIS CENTRAL REPOSITORY, P.O. BOX 32708, PIKESVILLE, MD. 21282-2708
 Customer Assistant Desk: (410) 764-4501 Fax#: 410-653-5690 Alt. Fax#: 410-653-6320

FOR CJIS CENTRAL REPOSITORY USE ONLY

This request can not be processed because:
 _____ this is not a valid reference number

_____ this is not a valid authorization number

_____ this reference number has not been received at the Central Repository

_____ this authorization number is not approved for this request.

_____ the application associated with this reference number was received more than 365 days before receipt of this request.

_____ requested information is not completed