

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



180 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 ____/____/____
(Mandatory, Required under MD Code Art. 27 742-755 and MD Regs. 12.15.01 To verify and preserve security of the record.)

REFERENCE NUMBER FROM MOST RECENT CHILD CARE APPLICATION FOR CRIMINAL HISTORY RECORD CHECK (THAT INCLUDED FINGERPRINTS) MUST BE WITHIN THE PAST 180 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- _____

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

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 before the effective date of October 1, 1996
 - _____ the application associated with this reference number was received more than 180 days before receipt of this request.
 - _____ requested information is not completed

INSTRUCTIONS

THERE IS NO FEE REQUIRED FOR THIS REQUEST

WHEN TO USE THIS FORM

This form can be used to request a Child Care Criminal History Record Check only for employees an or/volunteers of the requesting employer. It must be received within 180 days of submission of a previous Child Care Criminal History Record Check request that included fingerprints. The previously received application must have been received after October 1, 1996.

COMPLETION OF FORM

All fields must be completed or this request will be rejected and returned. If applicant does not have a social security number enter 000-00-0000. The employee must sign request.

REFERENCE NUMBER

This number is listed on all applications and responses completed by the Central Repository. If applicant does not have this number they may call CJIS Customer Assistance. They will need to provide their social security number and name of employer who submitted the fingerprint based application they are calling about, at which point the operator will check the system and provide the applicant with the number. This information can only be provided to the applicant.

NEW EMPLOYEES

You must list your agency name, address, and authorization number. The form must also be signed and dated by an authorized individual of your agency.

RESPONSES

All responses will be mailed directly to the designated contact person and address listed in the Central Repository database for the new employer. Employees will not receive copies nor be notified of completion. Employees will only received rejected applications.

REJECTIONS

All rejections of this 180 day request will be returned to the new employer

If reference number listed is a valid number but has not yet been received by the Central Repository, this request will be held for 10 working days. If an application is not received (with the same reference number as listed on this request) within that period, this request will be returned to the new employer and noted as such.

ASSISTANCE

For further assistance call CJIS Customer Assistance at (410) 764-4501.