

**RELEASE OF INFORMATION/AUTHORIZATION FOR
BACKGROUND INVESTIGATION**

I, _____, authorize and consent to the release and disclosure of any information regarding me in relation to civil court information and criminal justice information by any person, organization, or agency that has been provided a copy or facsimile of this Release of Information/Authorization for Background Check by an authorized representative of the Maryland State Department of Education (“MSDE”) Office of Child Care (OCC).

I release and hold harmless from any and all claims or liability, any person, organization, or agency providing information or records about me in accordance with this authorization.

I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to the release of these records.

I understand information obtained through this Release of Information/Authorization for Background Check will be held in confidence in accordance with all applicable laws.

I understand that the information obtained by the OCC may provide grounds for the OCC to prohibit or require termination of my employment at a child care program, or for the denial, suspension, or revocation of the license, letter of compliance, certificate of registration, or application of the child care center, family child care provider or large family child care provider on whose behalf I am signing this release.

Legible Printed Name of Applicant Date of Birth SSN

Signature of Applicant Date Signed

STATE OF MARYLAND
COUNTY OF _____
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____.
By _____
Personally known ___ or produced identification ____.
Type of Identification produced _____

NOTARY PUBLIC SIGNATURE NOTARY PUBLIC PRINTED NAME

My Commission Expires: _____