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___/____/_____

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 ___________

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

(EMPLOYER NAME)

(ADDRESS)

    (CITY)                                                  (STATE)                                (ZIP CODE)

AUTHORIZATION NUMBER: ____________________________________________

AUTHORIZED SIGNATURE: ____________________________________________

DATE: __________________________________________________________

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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

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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

Form ITCD-124