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 _____

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

_Chesapeake Home Health Care_____
(EMPLOYER NAME)
_4500 FORBES BLVD. SUITE 110 _____
(ADDRESS)
__LANHAM_____MD_____20706_____
(CITY) (STATE) (ZIP CODE)

AUTHORIZATION NUMBER: __1500002070_____

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*