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SAMPLE



STATE OF MARYLAND

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

APPLICATION FOR CRIMINAL HISTORY RECORD CHECK

PURPLE CARD

-READ INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION
 -ONLY ORIGINAL APPLICATION WILL BE PROCESSED
 -TYPE OR PRINT ALL INFORMATION CLEARLY
 -CHECK (NO CASH) MADE PAYABLE TO:
 CJIS-CENTRAL REPOSITORY
 -MAIL COMPLETED APPLICATION TO:
 CJIS FINGERPRINTING, 6776 REISTERSTOWN ROAD,
 SUITE 102, BALTIMORE, MD 21215
 OR RETURN TO REQUESTING AGENCY
 -FOR ASSISTANCE CALL 410-764-4501

MD

ORI# If Required

REFERENCE #

NAME (Last) (First) (Middle) (Maiden)

ADDRESS (Number) (Street) (Apt. #) (P.O. Box)

(City) (State) (Zip Code)

DAYTIME PHONE NUMBER EVENING PHONE NUMBER

DATE OF BIRTH MM / DD / YYYY PLACE OF BIRTH CITIZENSHIP

HEIGHT: FT. IN WEIGHT RACE SEX EYES HAIR

* SOCIAL SECURITY NUMBER

MD DRIVER LICENSE NUMBER

POSITION APPLIED FOR: CHILD CARE

AUTHORIZATION NUMBER 10 DIGIT AUTHORIZATION #

ATTENTION RISK MANAGEMENT

MAIL REPLY TO: UNIVERSITY OF MARYLAND (NAME)

ADDRESS 4716 PONTIAC STREET STE 0103 (Number) (Street) (P.O. Box)
COLLEGE PARK MD 20743 (City) (State) (Zip)

* Privacy Act of 1974 (PL. 93-579) applies.

REASON FINGERPRINTED

- State Only
- State and FBI
- State and FBI Volunteer

CHRI REQUEST TYPE:

Check Only One

- Adult Dependent Care
- Attorney/Client Criminal Case #
- Child Care
- Criminal Justice
- Gold Seal Letter/Adoption
- Gold Seal Letter/Visa
- Government Employment
- Government Licensing or Certification
- Immigration/Visa
- Individual Challenge
- Individual Review
- MSP Licensing
- Private Employer Petition
- Public Housing Authority

RAP BACK ENROLLMENT

() Yes () No

Payment Enclosed

Amount \$ ✓

Check # ✓

Bill Authorization Account (must have approved billing agreement)

indigent (Form must be attached with verification)