

STATE OF MARYLAND  
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES



CUSTOMER ASSISTANCE DESK  
(410) 764-4501

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 identity 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) *Fitness Fun + Games, Inc.* AND *MSDE/OCC - Region 2*  
\_\_\_\_\_  
(ADDRESS) *5503 Boxhill Lane* *2700 N. Charles St. #203*  
\_\_\_\_\_  
(CITY) *Balto. MD* (STATE) *MD* (ZIP) *21210-2001* *Balto MD 21218*  
AUTHORIZATION NUMBER: *9 000026055* *1100000020*  
AUTHORIZED SIGNATURE: *Meg McFadden*  
DATE: \_\_\_\_\_

\*\*\*\*\*  
**MAIL TO: CJIS CENTRAL REPOSITORY, P.O. BOX 32708, PIKESVILLE, MD. 21282-2708**  
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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 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.