



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION
CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)

APPLICANT INFORMATION

Please type or print legibly.

Name:

Date of Birth:

Social Security Number:

Gender: Male Female

Height: ft. in.

Weight: lbs.

Eye Color:

Hair Color:

Race/Ethnicity: Black White Asian/Pacific Islander Native American Other

Place of Birth:

Citizenship:

Street Address:

City:

State:

Zip Code:

Phone Number:

Driver's License Number:

Email Address:

REASON FOR REQUEST

INDIVIDUAL

Please select one of the following:

Gold Seal/Adoption (Enter Authorization Number if applicable)

Gold Seal/Letter/VISA

Immigration/VISA

Individual Challenge

Individual Review

Attorney/Client (Written Authorization Required)

Mailing Information: ARCHDIOCESE OF WASHINGTON

Name: Andrea Salazar- Office of Child Protection and Safe Enviroment

Street Address: 5001 Eastern Avenue

City: Hyattsville

State: MD

Zip Code: 20782

AGENCY

Please select from the following (*ORI Required):

Adult Dependent Care

Child Care*

Criminal Justice*

Government Employment*

Government Licensing or

Certification* Maryland State Police

Licensing*

Private Party Petition**

Public Housing

Agency Authorization Number: 9000016616 and 1100000042

*ORI Number: MD920523Z

**Position Applied:

