

**MARYLAND JUDICIARY
580 TAYLOR AVENUE, BLDG. A-1
ANNAPOLIS, MD 21401**

Jurisdiction/Dept: _____
Office Location: _____

**AUTHORIZATION FOR ACCESS TO RECORDS
APPLICANTS PLEASE READ, COMPLETE AND SIGN.**

I hereby authorize access to any information about me, which may be found in the Criminal Records Central Repository, the Motor Vehicle Administration Driver Records Division, the District Court Systems or any other agency. I hereby authorize the Judiciary to investigate and report on references given by me including former employers, personal references, and educational institutions. I have been advised that this information may be used as a factor for employment consideration. In this connection the following information is furnished.

Last Name	First Name	Middle Name	Maiden Name									
Address			City,	County, State, Zip								
Date of Birth:	Month	Day	Year	Driver's License No.								
Social Security Number:			State Issuing Driver's License:									
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Height /Weight									
Racial Information: (Check all that Apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native</td> <td><input type="checkbox"/> Hispanic</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Other (please specify)</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian or Other Pacific Islanders</td> <td></td> </tr> </table>					<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islanders	
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<input type="checkbox"/> Native Hawaiian or Other Pacific Islanders												

CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

I hereby consent to and authorize the release of personal information from my personal records and/or files.

Signature	Date
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APPLICANT DO NOT WRITE BELOW THIS LINE

DOES THIS PERSON HAVE A RECORD ON FILE?

If yes, attach report) YES NO Criminal Record Attached
 YES NO MVA Record Attached

Date	Signature of Verifier	Title