University of Maryland

Department of Public Safety

Date Printed ____/____/____
Child Care Y N

Livescan Applicant Fingerprinting

ALL FIELDS MUST BE COMPLETED/FILLED IN.

WE ARE NOT RESPONSIBLE FOR INCOMPLETE INFORMATION RESULTING IN THE REJECTION OF YOUR FINGERPRINT SUBMISSION.

APPLICANT INFORMATION			
Name: Last	First	Middle	
Date of birth:	Skin Tone:	Gender: ☐ Male ☐ Female *(Please check)*	
Hair Color:	Eye Color:	Height: Ft. In.	Weight:
Race: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ Other *(Please check one)*			
Place of Birth:	Country of Citizenship:	SSN:	
Current address:			
City:	State:	ZIP Code: -	
Daytime Phone:	Evening Phone:	Driver's License #:	

AGENCY INFORMATION	
Agency Authorization #:	
ORI # (if required):	Reason fingerprinted?
Position Applied for:	
Request Type: *(Choose one ONLY)* ☐ Adult Dependent Care ☐ Attorney/Client ☐ Child care ☐ Criminal Justice ☐ Gold Seal/ Adoption ☐ Gold Seal/Letter/VISA ☐ Government Employment	☐ Government Licensing or Certification ☐ Immigration/VISA ☐ Individual Challenge ☐ Individual Review ☐ MSP Licensing ☐ Private Party Petition ☐ Other _____
_____ _____	