



**University of Maryland
Department of Public Safety**

Livescan Applicant Fingerprinting

APPLICANT INFORMATION

| | | | | | |
|--|--------|----------------|--------------|--|--|
| Name: ✓ | | | | | |
| Date of birth: ✓ | | SSN: ✓ | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please check) | |
| ✓ Height: ft | inches | ✓ Weight: lbs. | ✓ Eye Color: | ✓ Hair Color: | |
| Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please check one) | | | | | |
| Place of Birth: | | | Citizenship: | | |
| Current address: | | | | | |
| City: | | State: | | ZIP Code: - | |
| Daytime Phone: | | Evening Phone: | | Driver's License #: | |

AGENCY INFORMATION

| | |
|---|--|
| Agency Authorization #: LIST AUTHORIZATION NUMBER HERE | |
| ORI # (if required): _____ | Reason fingerprinted? CHILD CARE |
| Position Applied for: | |
| Request Type: (Choose one ONLY) <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input checked="" type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment | <input type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing |

Mail Response to:
(Mailing option only available for Visa Gold Seal and/or Individual Review)

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|---|
| Name: DONNA McMAHON |
| Address: UNIVERSITY OF MARYLAND 3115 CHESAPEAKE BLDG |
| City, State, Zip code: COLLEGE PARK, MD 20742 |