



**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 <i>(Please check)</i>	
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 <i>(Please check one)</i>			
Place of Birth:			Citizenship:		
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: <i>(Choose one ONLY)</i> <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input 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		
<b>Mail Response to:</b> <i>(Mailing option only available for Visa Gold Seal and/or Individual Review)</i>					
Name: _____					
Address: _____					
City, State, Zip code: _____					