



**BALTIMORE COUNTY PUBLIC SCHOOLS**  
**DEPARTMENT OF HUMAN RESOURCES**  
 Employment Dispute Resolution  
 Office of Investigations and Records Management  
 6901 Charles Street, Building B  
 Towson, MD 21204  
 Phone: 443-809-8941; Fax: 410-296-2158

## Response Form for Required Criminal Background Checks

**PLEASE COMPLETE AND RETURN**  
**AS SOON AS YOU HAVE BEEN FINGERPRINTED TO:**  
**BALTIMORE COUNTY PUBLIC SCHOOLS**  
 Office of Investigations and Records Management  
 6901 Charles Street, Building B, Towson, MD 21204, or  
 Confidential Fax to: 410-296-2158

Under Maryland law (§6-113 of the Education Article of the Maryland Code) enacted in July, 2015, any contractor or member of the contractor’s workforce who will be working on Baltimore County Public Schools (BCPS) property must undergo a criminal background check, including fingerprinting. This law is in conjunction with the Maryland law stating that contractors may not knowingly employ a registered sex offender to work on school property.

**RESPONSE FORMS MUST BE RECEIVED WITHIN 10 BUSINESS DAYS OF BEING PRINTED. IF NOT RECEIVED IN THAT TIME FRAME RE-PRINTS AT CONTRACTORS EXPENSE MAY BE REQUIRED.**

**SECTION 1: CONTRACTOR INFORMATION – to be completed for new contracts and current contract extensions.**

Company / Organization Name: \_\_\_\_\_

Company contact name and phone number: \_\_\_\_\_

**Your Complete Mailing Address (your fingerprint clearance card will be mailed to this address):**

\_\_\_\_\_  
 \_\_\_\_\_

Your Email: \_\_\_\_\_ Your Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Date fingerprinted: \_\_\_\_\_ Date form sent: \_\_\_\_\_

BCPS Work Location (if known) \_\_\_\_\_

**SECTION 2: NAME of person WHO HAS BEEN FINGERPRINTED**

The following individual has undergone a criminal fingerprint-based background check, specifically for childcare **PRINT FULL LEGAL NAME:**

**Full Legal Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 3: SIGNATURE & RELEASE REQUIREMENTS**

**THIS FORM MUST BE ACCOMPANIED BY A SIGNED Authorization and Release Affirmation**

This documentation confirms that you are legally authorized to work in the United States in accordance with the U.S. Citizenship and Immigration Services standards of employment eligibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_