

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES  
Maryland Correctional Institution-Jessup  
Consent to Background Check

AUTHORIZATION FOR RELEASE OF INFORMATION

✓ I \_\_\_\_\_

Print: First Middle Last SSN

hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the Department of Public Safety and Correctional Services, whether the said records are public or private, The intention of this authorization is to provide information which will be utilized for investigation resource material regarding entrance into the Maryland Correctional Institution-Jessup for official business purposes. Information obtained shall be maintained in your services file.

I authorize the full and complete disclosure of the records of educational institutions and the Motor Vehicle Administration; employment and reemployment records including background investigation reports, efficiency ratings, accidents or injuries sustained in the course of employment; and any and all records of any arrest, conviction or incarceration.

I further understand that refusal to provide access to the above mentioned records, may delay or prevent my approval for entry into the institution. In addition, I understand my right to inspect, amend or correct information in my service file maintained by the Department.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

✓ Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

✓ Driver's License or State Identification Card: \_\_\_\_\_  
(Number and State of Issuance)

✓ \_\_\_\_\_  
Applicant's Signature

✓ \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness



# Department of Public Safety and Correctional Services

## DIVISION OF CORRECTION

Maryland Correctional Institution - Jessup

P.O. Box 549 • JESSUP • MARYLAND 20794

(410) 799-7610 • FAX (410) 799-7527 TTY USERS 1-800-735-2258 • [www.dpscs.maryland.gov](http://www.dpscs.maryland.gov)

STATE OF MARYLAND

LARRY HOGAN  
GOVERNOR

BOYD K. RUTHERFORD  
LT. GOVERNOR

ROBERT L. GREEN  
SECRETARY

RACHEL SESSA  
CHIEF OF STAFF

SASHA VASQUEZ-GONZALEZ  
ACTING  
DEPUTY SECRETARY  
ADMINISTRATION

WAYNE HILL  
DEPUTY SECRETARY  
OPERATIONS

CAROLYN J. SCRUGGS  
ASSISTANT SECRETARY

GARY W. McHINNEY  
ASSISTANT SECRETARY

### ACKNOWLEDGEMENT OF DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES CONFIDENTIALITY POLICY CONTRACTORS/VENDORS/INTERNS/VOLUNTEERS

By signing your name below, you acknowledge that you were instructed that as a volunteer, contractor, intern, or vendor for the Department of Public Safety and Correctional Services (Department), that you **shall not publish** via electronic or social media, written manuscript, pamphlet, or any other publication, any information about your experience as a volunteer for the Department.

**A volunteer, intern, vendor, contractor shall not publish** information about inmates, offenders, detainees, under the authority of the Department, whether that authority is incarceration, parole, probation, or home detention, to include Department employees, volunteers, contractors, interns, or vendors or the duties performed by these individuals without prior written consent of the Director of Volunteer Services.

All requests must be submitted to the Department Director of Volunteer Services Office, 300 E. Joppa Road Suite 1000 Towson MD 21286, or, via email to: [Shari.Elliker@maryland.gov](mailto:Shari.Elliker@maryland.gov)

✓ Date: \_\_\_\_\_

✓ Purpose:             Volunteer             Intern              
                               Vendor             Contractor

✓ Printed Name: \_\_\_\_\_

✓ Signature: \_\_\_\_\_

Department Staff Witness: \_\_\_\_\_



Department of Public Safety and Correctional Services

Division of Correction
Office of the Commissioner

6776 REISTERSTOWN ROAD • SUITE 310 • BALTIMORE, MARYLAND 21215-2342
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GARY W. McLHINNEY
ASSISTANT SECRETARY

METERS, CJIS, & JIS BACKGROUND REPORT
Monica Q. Byrd, Administrator of Data Management Unit

- Date:
Name of Person:
Date of Birth:
Sex:
Race:
Social Security Number:
State Issued Driver's License Number:

Requested By:

Reason for Background Check:

Department:

Operator:

Title:

INQUIRY

- CENTRAL REPOSITORY
WARRANT CHECK
MVA
QH - INDEX RECORD EXISTENCE
QR - CRIMINAL HISTORY RECORD
MARYLAND RAP

RECORD FOUND YES / NO

Please check Purpose Code used o C o J

Purpose Code C - Criminal Justice

Purpose Code C is used for official duties in connection with administration of criminal justice. Example: Vendors or contractors at the criminal justice agency who are not involved with the actual administration of criminal justice at the criminal justice agency, e.g., Carpet cleaners, janitors, cooks, volunteers.

Purpose Code J - Criminal Justice Employment

Purpose of Code J is used when the III transaction involves employment with a criminal justice agency or the screening of employees of other agencies, which the criminal justice agency is required to have management control.

# Maryland Correctional Institution Jessup PREA Acknowledgement Statement

The Maryland Correctional-Institution Jessup (MCIJ) has a Zero –Tolerance for sexual abuse and sexual harassment. The Intent of PREA is to ensure a safe, humane, and secure environment, free from the threat of sexual abuse and sexual harassment for all inmates, employees, volunteers, contractors, interns and public guests

You have an obligation to maintain clear boundaries with inmates and to maintain an ethical supervisory relationship with objectivity and professionalism. You must not develop a personal, unduly familiar, emotional or sexual relationship with an inmate. Any sexual contact between an inmate and an employee, volunteer, contractor, intern or public guest is sexual abuse and prohibited by the Department of Public Safety and Correctional Services/MCIJ. If you are aware of any such incidents, you have a duty to report them.

I have received a copy of the MCIJ policy on Sexual abuse and harassment, and I acknowledge that I understand the institution's zero-tolerance on sexual abuse and sexual harassment, and I acknowledge that I will report any such acts immediately.

✓ Print name: \_\_\_\_\_

✓ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title of Department Head: \_\_\_\_\_

Signature of Department Head: \_\_\_\_\_

**Maintain Original in Department File  
Forward Copy to PREA Compliance Manager**