



STATE OF MARYLAND
 DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
 CENTRAL REPOSITORY
 P.O. BOX 32708
 PIKESVILLE, MD. 21282-2708

AUTHORIZATION UPDATE FORM

AGENCY AUTHORIZATION NUMBER: _____

- Adult Dependent Care Agency Attorney/Client Child Care Agency Criminal Justice Agency
 Government Employment Agency Government Licensing Agency Public Housing Authority

Please advise us immediately of any change to your CJIS-CR authorization information. Please type or print all information clearly.

1) **Current Agency Name:** _____

2) **New Agency Name:** _____

3) **Current Contact Person:** _____

4) **New Contact Person:** _____

5) **Old Mailing Address:** _____
 (Street)

 (City) (State) (Zip Code)

New Mailing Address: _____
 (Street)

 (City) (State) (Zip Code)

6) **Phone Number:** _____ **Fax Number:** _____

7) **E-Mail Address:** _____

Signature

Title

Date

You may mail or FAX the form to:

**CJIS-Central Repository
 P.O. Box 32708
 Pikesville, MD 21282-2708**

**FAX: (410) 653-6320
 Alternate FAX: (410) 653-5690**