



Department of Education

University of Maryland Baltimore County

CRIMINAL HISTORY DISCLOSURE STATEMENT, AUTHORIZATION AND RELEASE

Student Name _____ UMBC Campus ID _____

Certification Program Early Childhood Education Elementary Education ESOL/BL Education Secondary Education

Academic Major _____ Date (MM/DD/YYYY) _____

Please Read Carefully!

As a prerequisite to the placement of education students in field experiences, the University of Maryland Baltimore County requires students to complete the following Criminal History Disclosure Statement. Students are also required to update the information contained in this Disclosure Statement based on any changes in or additions to their criminal history until the time they graduate or otherwise cease their enrollment in the Department of Education.

Have you ever convicted of, pled guilty or nolo contendere with respect to, or received probation before judgment with respect to a crime against children, in Maryland or any other jurisdiction? As defined in Article §35C of the Annotated Code of Maryland, a crime against children includes child abuse of a child (see attached). You need not provide any information concerning criminal charges against you that have been expunged.

_____ No.	_____ Yes.
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Have you ever convicted of, pled guilty or nolo contendere with respect to, or received probation before judgment with respect to, a crime of violence? Crimes of violence are defined in Article 27, §643B of the Annotated Code of Maryland (see attached). You need not provide any information concerning criminal charges against you that have been expunged.

_____ No.	_____ Yes.
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If your answer to either of the preceding questions is yes, please explain fully on the back of this page, specifying the nature and date of the offense(s), the name and location of the court(s) and the disposition(s) or outcome(s), including the sentence(s) imposed, if any.

I hereby declare and affirm under penalties of perjury that the contents of the foregoing Disclosure Statement are true and correct and complete to the best of my knowledge, information and belief. I understand that I am obligated, and I hereby agree, to update the information contained in the Disclosure Statement based on any changes in or additions to my criminal history until such time that I graduate or otherwise cease my enrollment in the Department of Education. I also understand that the failure fully and accurately to complete and update the Disclosure Statement could result in action being taken against me, including removal from a field placement and/or dismissal from the Department of Education and/or the University of Maryland Baltimore County.

CRIMINAL HISTORY DISCLOSURE STATEMENT, AUTHORIZATION AND RELEASE (cont.)

I hereby authorize the Department of Education and/or the University of Maryland Baltimore County and their agents, employees and representatives to investigate, utilize and disseminate the Disclosure Statement, and any information contained therein or derived therefrom, for any and all purposes associated with my field placement and with inquiries regarding my licensure or certification, and my employment, as a certified education professional in the state of Maryland or any other jurisdiction.

I hereby release, discharge and exonerate the Department of Education and/or the University of Maryland Baltimore County and their agents, employees and representatives from any and all liability, loss, claims and/or damages of every nature and kind arising out of, or in any way related to, the Disclosure Statement, the information contained therein or derived therefrom and the investigation, dissemination or use thereof.

Signature of Student (do not sign until instructed by Notary) _____ Student ID No. _____ _____ Student	Signature of Parent or Guardian if Student is under 18 _____ _____ Printed Name of Parent
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Local Address: _____

Local Phone Number: _____

(Do not write below this line. To be completed by Notary)

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

Please submit the form to:
Director of the Office of Clinical Practice and Field Experiences
Department of Education
Academic IV, A Wing, Room 426
University of Maryland Baltimore County