



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**