



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 been 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. You need not provide any information concerning criminal charges against you that have been expunged.

_____ No	_____ Yes
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Have you ever been 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. 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 failure to fully and accurately 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.

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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 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, this 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 a Notary Public)	_____ Signature of Parent or Guardian if Student is under 18
Student ID No. _____	
_____ Printed Name of Student	_____ Printed Name of Parent or Guardian

Local Address: _____

Local Phone Number: _____

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

STATE OF _____

COUNTY OF _____

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

Notary Public _____

Please submit the form to: Dr. Pamela Morgan
Director of the Office of Field Experiences and Clinical Practice
Department of Education
Academic A-Wing, Room 430
University of Maryland, Baltimore County