

## Maine

*The following instructions were written for Early Childhood Education students who attend the University of Delaware but have lived in Maine and need to obtain those out-of-state clearances. **If you are not a UD student, you will need to contact the state directly for additional help.***

### Criminal Record Check Services:

- Go to the [Maine Criminal History Record](#) webpage.
  - The fee for this service is \$31.00.
  - Scroll to the bottom of the page and click on “Credit Card”.
  - Fill in your personal information under Subject 1. Then scroll to the bottom and click on “Continue”.
  - Review the information carefully, then click on “Continue”.
  - Now select your shipping information. The easiest one to choose would be by email. Then as soon as you get your results, you can forward them to us.
    - With any method, fill out all \* information.
    - Review your order carefully and submit.
- Once you get your results, please scan a PDF of them (if you received it by mail) or forward the results to us at [clinicalstudies@udel.edu](mailto:clinicalstudies@udel.edu) (if you received them by email).

### Adam Walsh/Child Protective Service Background Record Request:

- Go to the [Child Abuse Registry](#) page.
- Select your Payment option. Your background check will cost \$15, payable by credit card. Then click “Search Now”
- Fill out your personal information in the Subject 1 box. Scroll down and click on “Continue”.
  - All Previous Name boxes must be filled out. If you do not have any previous names, fill in “n/a”.
- On the Authorization Page, select “email the subject directly for authorization if selected”.
  - For the Subject email address, enter [clinicalstudies@udel.edu](mailto:clinicalstudies@udel.edu).
  - Click on “continue”.
- The next page is the Delivery Information page. Use the following information to fill out the fields:
  - Method of Delivery: Deliver Results by Email
  - Name of Agency or Provider: Office of Clinical Studies – Univ. of DE
  - Email Address: [clinicalstudies@udel.edu](mailto:clinicalstudies@udel.edu)
  - First Name: Marie
  - Last Name: Peters
  - Address Line 1: 200 Academy Street
  - City/Town: Newark
  - State: DE
  - Zip: 19716

- Click on “Review”
- Carefully check all information.
- Click on “Submit Payment”. Enter your credit card information and submit.
- Print or write down the confirmation number in case you need to refer to it.

If you have any problems, please let us know. If they ask for an address of where to send the request, use the following: