Confidentiality Request Form

MARYLAND STATE BOARD OF ELECTIONS
Verified. Open. Trusted. Empowering.

Purpose: To request that a voter's contact information (residential address, email address and phone number) be designated confidential and protected from public disclosure. Please note that this designation will limit your access to specific information available to other voters. For example, a voter whose information is confidential will not be able confirm their voter registration or ballot status on the State's website and will not receive a pre-election mailing of the mail-in ballot application or sample ballot.

Directions: Complete and sign the form, attach supporting documents, and return them to the election office in the county where you reside or to the State or county board of elections where you filed Candidacy or a Statement of Organization.

I, (print full name)_____born (insert month/day of birth)_____, request that my contact information as contained in my Voter Registration Record, Candidacy Record, and any Campaign Records be designated as confidential and protected from disclosure under State Government Article, Title 10, Subtitle 6, Part III, *Annotated Code of Maryland*. I request confidentiality for the reason indicated below.

Please check the applicable category and attach relevant information to this confidentiality request.

☐ **Person Being Threatened**	**You may be entitled to confidentiality if:** You are feeling threatened, attempted, or actual domestic violence, human trafficking, sexual assault, stalking, or harassment.	**Supporting documentation:** • Statement from a domestic violence, sexual assault, or human trafficking prevention or assistance program • Statement from a religious, medical, or other professional • Statement from the applicant about the applicant's subjective fear • Other documentation satisfactory to the local board
☐ **Nondisclosure of Personal Information for Personal Safety**	Disclosure of your residential address or telephone number poses a threat to your safety or is likely to lead to an unwarranted and serious invasion of privacy.	
☐ **Victim of or Witness to Felony**	You are a victim of or a witness to a felony. You are a witness to activity that would be a felony if committed by an adult.	• Certified law enforcement, court, or other federal or state agency records
☐ **Law Enforcement Personnel**	You have greater security or privacy concerns due to employment as a police officer, correctional employee with frequent inmate contact, prosecutor or an investigator employed by a prosecutor.	• Documentation of past or present employment
☐ **Member of State or Federal Judiciary**	You are a judge or an officer of the court. **Additional Required Information for Judicial Confidentiality Requests:** *Complete the following if requesting confidentiality as a judicial officer or related personnel. Attach additional sheets if necessary.* 1. **Dates of Candidacy:** List any dates you have run for office: ○ _____ ○ _____ ○ _____ 2. **Candidate Contributions:** List any contributions made to candidates, specifying the year and candidate's name: ○ Year: _____ Candidate: _____ ○ Year: _____ Candidate: _____ ○ Year: _____ Candidate: _____	

☐ **Immediate Family Member**	You are the spouse or immediate family member of an individual who is eligible for confidential status.	• Signed affidavit affirming relationship to individual listed above

Relevant information to my request: _____

_____

I acknowledge that, notwithstanding approval of the request for confidentiality, information will be made available to the Jury Commissioner, public officials as required by law, and as otherwise required by subpoena or other court order. Further, I waive any right of action against the State, the county, the State Board of Elections, the local board of elections, or their employees for failing to keep the information confidential. I affirm, under penalty of perjury, that the above information and any supporting documentation are true and correct.

Signature: _____ Date: _____

For Board Use only: VR Division: Voter ID #: _____ Date Processed: _____

CCF Division: Candidate: ☐ Yes ☐ No Responsible Officer: ☐ Yes ☐ No Date Processed: _____