



State of Maryland  
Department of Public Safety and Correctional Services  
Division of Correction

**Notification of Released Inmate  
Requiring DNA Sampling**

TO: Department of Maryland State Police  
DNA Sampling Unit

\_\_\_\_\_ (Address)

\_\_\_\_\_

FROM: \_\_\_\_\_

\_\_\_\_\_  
*Institution*

RE: Release of: \_\_\_\_\_ *Name of Inmate* \_\_\_\_\_ *DOC ID Number*

Release Date: \_\_\_\_\_

DATE: \_\_\_\_\_

The above referenced inmate, who has committed a felony or certain misdemeanors (Criminal Law Article, Subtitles 2-11, ACM) is scheduled for release/was released prior to providing a DNA sample. Our records indicate that this inmate's last known address was:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information is being furnished to assist you in locating this inmate for the purpose of obtaining a DNA sample.

Original: DMSP DNA Sampling Unit  
Copy: Inmate's Base File