**CERTIFICATE OF AUTHENTICITY OF BUSINESS RECORDS**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, with the understanding that I am subject to criminal penalty under the laws of Maryland for an intentionally false declaration, declare that:

I am employed by/associated with the University of Maryland, Baltimore County in the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and by reason of my position, I am authorized and qualified to make this declaration.

I further declare that the documents attached hereto are original records or true copies of records which:

1) Were made at or near the time of the occurrence of the matters set forth therein, by (or from information transmitted by) a person with knowledge of those matters;

2) Were kept in the course of regularly conducted business activity;

3) Were made by the said business activity as a regular practice; and,

4) If not original records, are duplicates of original records.

In that case, the originals or duplicates of these records are maintained in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at

Or

\_\_\_\_ Mark X if no records exist

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (printed name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(title)

State of Maryland )

 )

County of Baltimore )

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20 \_\_.

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

Notary Public for and in the State of Maryland