

**ARKANSAS STATE POLICE****ASP 122**  
**(Rev. 02/19/2019)****Identification Bureau**  
**Individual Record Check Request Form**

Last Name

First Name

Middle Name

Jr./Sr./III

Daytime Phone #:

List **ALL** other names ever used (married, maiden, shortened, etc.)

Date of Birth:

(Month/Day/Year)

State of Birth:

Race:

Sex:

Social Security #:

Driver's License #:

State

Mailing Address:

Street/P.O. Box

City

State

Zip Code

**APPLICANT RECORD NOTICE**

**Obtaining Copy:** Procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.33 or the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

**Change, Correction, or Updating:** Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature:

(First/MI/Last Name)

Date:

(Month/Day/Year)

Release to:

(First/MI/Last Name) **OR** Full Name of Agency

Mailing Address:

Street/P.O. Box

City

State

Zip Code

**WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED (OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK) THIS REQUEST FORM MUST BE NOTARIZED**

STATE OF

COUNTY OF

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this is the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

**BELOW FOR OFFICE USE ONLY**☐ 82005 State Record Check