

**SP-20-0005**

**Attachment 5: Individual Record Check Form**



# 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: _____                                                    | State of Birth: _____     | Race: _____            | Sex: _____  |
| (Month/Day/Year)                                                        |                           |                        |             |
| 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: \_\_\_\_\_ Date: \_\_\_\_\_  
(First/MI/Last Name) (Month/Day/Year)

Release to: \_\_\_\_\_  
ARKANSAS INSURANCE DEPARTMENT  
(First/MI/Last Name) OR Full Name of Agency

Mailing Address: \_\_\_\_\_  
1200 West Third Street  
Street/P.O. Box

|             |          |          |
|-------------|----------|----------|
| _____       | _____    | _____    |
| Little Rock | Arkansas | 72201    |
| 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

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