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 _____

List **ALL** other names ever used (married, maiden, shortened, etc.) _____ Daytime Phone #: _____

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: Arkansas Insurance Department (First/MI/Last Name) **OR** Full Name of Agency

Mailing Address: 1 Commerce Way Street/P.O. Box

Little Rock City AR State 72202 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