ARKANSAS STATE POLICE



Identification Bureau Individual Record Check Request Form

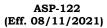
INSTRUCTIONS

If you are mandated by law to have a background check performed, please contact the licensing agency/entity that requires the background check for the proper request form.

- 1. When <u>an Arkansas background check</u> is requested, include a properly completed *ASP-122* request form; a check or money order in the amount of \$25.00, made payable to the Arkansas State Police. **DO NOT SEND CASH**. A fingerprint card is <u>NOT</u> required to be submitted if only the Arkansas background check is requested. The results of the Arkansas background check will be sent to the person/entity to whom it was released.
- 2. The subject of the criminal records search may challenge the completeness or accuracy of the criminal history information by using the procedures as outlined in Title 28, Code of Federal Regulation (CFR) Section 16.34 and/or Arkansas Code §12-12-1013.
- 3. If the request is made by mail, a properly addressed envelope with sufficient return postage must be included.
- 4. Send properly completed request form and proper payment to:

Arkansas State Police, ID Bureau 1 State Police Plaza Drive Little Rock, AR 72209

To contact the Arkansas State Police, ID Bureau, you may call 501-618-8500.



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Please mark the box if this background check is for U.S. VISA purposes only and requires an Apostille Letter

Full Name: _____ Last name First name Middle name Jr/Sr/III _____ Daytime Phone #: (____) ____ List **ALL** other names ever used (married, maiden, shortened, etc) ______ State of Birth: ______ Race: _____Sex: _____ Date of Birth: _____ Social Security #: _____ Driver's License #: _____ State Physical Address: Street ZIP City State Mailing Address: Street or P.O. Box State ZIPCity APPLICANT RECORD NOTIFICATION Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 and/or Arkansas Code §12-12-1013. 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) Month/Day/Year Release to: (First/MI/Last Name) or Full Name of Agency Mailing Address: Street City ZIPState Daytime Phone #: (____)