



# ARKANSAS STATE POLICE

ASP-122 VOL  
(Rev. 11/16)

## Identification Bureau Individual Criminal History Record Check Instructions VOLUNTEER

### Procedure for obtaining a Criminal History Check for a volunteer

1. **FORM** - The ASP form 122, Individual Record Check Form, must be completed in its entirety.

If the request is submitted by a third party, such as a volunteer agency, the ASP form 122 must be notarized.

### 2. **PAYMENT** -

- A. If **only a state background check** is requested, include a check or money order (**DO NOT SEND CASH**) in the amount of **\$10.00**, made payable to the Arkansas State Police.
- B. If **both a state and FBI check** are requested, include a check or money order (**DO NOT SEND CASH**) in the amount of **\$20.75**, made payable to the Arkansas State Police.

### 3. **FINGERPRINT CARD** -

- A. A fingerprint card is NOT required to be submitted if only a state check is requested.
- B. **A properly completed fingerprint card must be submitted if a state and FBI check is requested.**

The subject of the criminal history record check 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.

Send requests to:

Arkansas State Police  
Identification Bureau - Volunteers  
1 State Police Plaza Drive  
Little Rock, AR 72209

To contact the Identification Bureau, you may call 501-618-8500.

**SEE OTHER SIDE FOR REQUEST FORM**



**Identification Bureau  
Criminal History Record Check Request  
VOLUNTEER**

Full Name: \_\_\_\_\_ / \_\_\_\_\_  
Last name First name Maiden/Other

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_ Sex: \_\_\_\_  
(Month/Day/Year)

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
State

Mailing Address: \_\_\_\_\_  
Street City State ZIP

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

I give my consent for the Arkansas State Police to conduct an Arkansas (and if fingerprints are submitted, an FBI) criminal records search on myself and release any results to the following person or entity. I understand that I can challenge the completeness or accuracy of the the state or FBI criminal history record by using the procedure set out in Title 28, CFR. 16.34.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(First/MI/Last Name) (Month/Day/Year)

**Release to:** \_\_\_\_\_  
(First/MI/Last Name) or Full Name of Agency

Mailing Address: \_\_\_\_\_  
Street City State ZIP

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public

82002 Arkansas Record Check

80013 & 80006 FBI Record Check