



# ARKANSAS STATE POLICE

ASP 122VOL  
(Eff. 02/19/2019)

## Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

Procedure for obtaining a Criminal History Check for:  
**Adam Walsh Act – Public Law 109-248 ARAWA000Z;**  
**Serve America Act – Public Law 111-13 ARSAA000Z; or**  
**Other Volunteer AR920500Z AR Code §12-12-1607**

### INSTRUCTIONS

1. If **only an Arkansas background check** is requested, include a properly completed **ASP 122VOL** request form and a check or money order (**DO NOT SEND CASH**) in the amount of **\$10.00** made payable to the Arkansas State Police. A fingerprint card is NOT required if only the Arkansas background check is requested. The results of the Arkansas background check will be sent to the person/entity as specified on this form.
2. If **both an Arkansas and an FBI check** are requested, include a properly completed **ASP 122VOL** request form, a check or money order (**DO NOT SEND CASH**) in the amount of **\$21.25**, made payable to the Arkansas State Police, **and a properly completed fingerprint card**. The fingerprints that are submitted will be used to check the Arkansas and FBI criminal history records. If you are not a government entity, you will need to **file a list of criminal offenses with ASP ID Bureau for which a conviction would disqualify a person from volunteering with your agency/entity**. (*The detailed FBI results will not be released to a non-governmental volunteer agency.*)
3. 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 Ann. §12-12-1013.
4. When the properly completed **ASP 122VOL** is submitted, other than in person at ASP ID Bureau in Little Rock by the subject of the record check, this **ASP 122VOL** request form must be notarized.
5. If the request is made by mail, an envelope properly addressed to the person/entity to whom the background check will be released, as specified on this form, with sufficient return postage must be included.
6. Send properly completed request form, envelope, fingerprints (if FBI check is requested), and proper payment to:

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

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

**SEE OTHER SIDE FOR REQUEST FORM**



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- Select One:  Adam Walsh Act - Public Law 109-248 ARAWA000Z  
 Serve America Act - Public Law 111-13 ARSAA000Z  
 Other Volunteer AR920500Z AR Code §12-12-1607

\_\_\_\_\_ 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

**Notification:** Fingerprints submitted will be used to check the criminal history records of the FBI.  
**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 – 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: \_\_\_\_\_  
 (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**

- 82002 Civil Record Check  80020 FBI Check  80006 FBI Check (ASP)