



ARKANSAS STATE POLICE

ASP-122
(Rev. 11/16)

Identification Bureau Arkansas Criminal History Record Check Instructions

PLEASE NOTE: If the criminal history record check is required by a particular licensing entity or mandated by state law, such as teachers, health care or police, please contact the appropriate licensing entity to obtain the proper forms and be advised of the correct procedure to obtain a criminal history.

Procedure for obtaining an Arkansas Criminal History Check

- FORM** - The ASP form 122, Individual Record Check Form, must be completed in its entirety.
 - ▶ If the request is made by mail, the signature on the ASP 122 form must be notarized.
 - ▶ If the request is made in person at our office by a third party, such as an employment agency or employer, the ASP 122 form must be notarized.
 - ▶ If the request is made in person by the subject of the record check must present a photo I.D. issued by a U.S. government agency.
- PAYMENT** - A check or money order (**DO NOT SEND CASH**) in the amount of \$25.00 made payable to the Arkansas State Police, must be included.
- RETURN ENVELOPE** - If the request is made by mail, a self-addressed envelope with sufficient return postage must be included.

Send requests to:

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

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

SEE OTHER SIDE FOR RECORD CHECK FORM



Identification Bureau
Arkansas Criminal History Record Check
Request Form

Full Name: _____
Last name First name Middle name Jr/Sr/III/IV

_____ 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 City State ZIP

Daytime Phone #: (____) _____

I give my consent for the Arkansas State Police to conduct a criminal record check on me and release the results to the below listed person/entity. I understand that I can challenge the completeness or accuracy of the Arkansas 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 the results to: _____
First/MI/Last Name of Person or Full Name of Agency/Entity

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

82005 State Record Check