



**ARKANSAS STATE POLICE
SCHOOL SECURITY DEPARTMENT
(Grades PRE-K through 12)
RECOGNITION APPLICATION**

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| FOR OFFICE USE ONLY EFFECTIVE 1-2019 DATE PROCESSED _____ PROCESSED BY _____ |
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| FOR OFFICE USE ONLY: CMPY-SSD License Number |
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NOTICE: Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

NAME OF SCHOOL / SCHOOL DISTRICT: _____

SCHOOL PHYSICAL LOCATION ADDRESS:

| | | | |
|-----------------|------|--------|-----------|
| Street/P.O. Box | City | County | State/ZIP |
|-----------------|------|--------|-----------|

SCHOOL MAILING ADDRESS:

| | | | |
|-----------------|------|--------|-----------|
| Street/P.O. Box | City | County | State/ZIP |
|-----------------|------|--------|-----------|

SCHOOL OFFICE CONTACT PERSON: _____ SCHOOL PHONE: (____) _____

SCHOOL WEBSITE ADDRESS: _____

IF BEING RECOGNIZED AS A SCHOOL SECURITY DEPARTMENT PLEASE COMPLETE THE FOLLOWING:

NAME OF SCHOOL: _____

NAME OF SUPERINTENDENT: _____

EMAIL ADDRESS OF SUPERINTENDENT: _____

I the undersigned hereby affirm that the applicant listed on this application is allowed to provide service to our school district as a School Security Department.

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|------------------------------------|-----------------|------|
| Signature of School Superintendent | School District | Date |
|------------------------------------|-----------------|------|



SCHOOL SECURITY DEPARTMENT MANAGER RECOGNITION APPLICATION

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| FOR OFFICE USE ONLY EFFECTIVE 1-2019 |
| DATE PROCESSED _____ |
| PROCESSED BY _____ |

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|---|
| FOR OFFICE USE ONLY: Employee Credential Number |
|---|

NAME: _____
Last
First
MI

SCHOOL NAME: _____

SCHOOL PHYSICAL ADDRESS: _____
Street/P.O. Box
City
County
State/ZIP

SCHOOL MAILING ADDRESS: _____
Street/P.O. Box
City
County
State/ZIP

EMAIL ADDRESS: _____ SCHOOL PHONE: (____) _____

CELL PHONE: (____) _____

I the undersigned hereby affirm that the applicant listed on this Manager Recognition application is allowed to serve as the Manager for the School Security Department.

Signature of School Superintendent
School District
Date