## ARKANSAS STATE POLICE



# Identification Bureau Individual Record Check Form

#### **Procedure For Criminal History Check for volunteers**

- 1. The ASP form 122, Individual Record Check Form, must be completed in its entirety.
- 2. A check or money order in the amount of \$10.00 for volunteers made payable to the Arkansas State Police, must be included.
- 3. If the request is presented in person, the person requesting must present a photo I.D. issued by a government agency.
- 4. If the request is made by mail, the signature on the ASP form 122 must be notarized.
- 5. If the request is made by mail, a self-addressed envelope with sufficient return postage must be included.
- 6. If the request is made by a third party, such as an employment agency or employer, the ASP form 122 must be notarized.
- 7. If you are requesting an FBI checks also the cost is \$18.00 each. Prior approval by ASP and a completed legible fingerprint card is necessary.

Send requests to:

Arkansas State Police Identification Bureau #1 State Police Plaza Dr. Little Rock, AR 72209

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

#### ARKANSAS STATE POLICE



# Identification Bureau Individual Record Check Form

### **VOLUNTEER**

| Full Name:  |                     |                    | /            |              |
|---|---------------------|--------------------|--------------|--------------|
| Last Name   | Middle              | First              | Maiden/Other |              |
| Date of Birth:(Month/Day  | Stat<br>/Year)      | e of Birth:        | Race:        | Sex:         |
| Social Security #:  |                     | Driver's Lice      | ense #:      |              |
| ,   |                     |                    |              | State        |
| Mailing Address:Street  |                     | City               | State        | ZIP          |
| Daytime Phone #: ()   |                     |                    |              |              |
| I GIVE MY CONSENT FOR THE RECORD SEARCH ON MYSE PERSON OR ENTITY: |                     |                    |              |              |
| Name of entity:   |                     |                    |              |              |
| address:  |                     |                    |              |              |
| Signature:(First/MI/Last Nam                                      |                     |                    |              | th/Day/Year) |
| (NO REQUEST WILL  | BE PROCESSED WIT    | HOUT A NOTARIZ     | ED SIGNATURE | ·)           |
| STATE OF  |                     | _<br>              |              |              |
| COUNTY OF   |                     | -                  |              |              |
| Subscribed and sworn before                                       | e me, a Notary Publ | lic, in and for th | e county and | state        |
| aforesaid, this the   | day of              | , 2                | 0            | ·            |
|   |                     |                    |              |              |
|   |                     |                    | Notary Pul   | olic         |
| ☐ 82001 Civil Record Check  | ·                   | 30001 FBI Record   | d Check      |              |