PRIVANS PO OTHER POLICE

ARKANSAS STATE POLICE

Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

Select One	Serve America Act - Publ	Law 109-248 ARAWA000Z lic Law 111-13 ARSAA000Z 600Z AR Code §12-12-1607	
Last Name	First Name	Middle Nam	Jr./Sr./III
		Daytime Phone #:	
List ALL other names ever used	l (married, maiden, shortened, etc.)		
Date of Birth:(Month/Day/Y	State of Birth:	Race:	Sex:
Social Security #:	Driver's Lice	ense #:	
Mailing Address:			State
	Street	P.O. Box	
City	ADDI IGANTI DECORD	State	Zip Code
Notification: Fingerprints subm	APPLICANT RECORD		
Obtaining Copy: Procedures for of Regulations (CFR) Section 16.30 – Change, Correction, or Updating record are set forth in Title 28, Cool I give my consent for the Arkansas following person or entity:	16.33 or the FBI website at http:// Procedures for obtaining a chan le of Federal Regulations (CFR), Se	www.fbi.gov/about-us/cjis/bac ge, correction, or updating of a ction 16.34.	kground-checks in FBI criminal history
Signature:		Date:	
Signature:	(First/MI/Last Name)	Date:(M	Ionth/Day/Year)
Release to: University	ersity of Arkansas System Div.		ment
	(First/MI/Last Name) OF		
Mailing Address:		2301 South University Avenue Street/P.O. Box	
Little Roc	ek	AR	72204
STATE OF	ED REQUEST FORM IS SUBMITTED CHECK} THIS REQUEST FORM MU	ST BE NOTARIZED	:he
BELOW FOR OFFICE USE ONLY		Notary Public	
82002 Civil Record Check	☐ 80020 Fl Back	BI Check 80006 FBI Ch	eck (ASP)