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| Division of Agriculture, Research and Extension, University of Arkansas System | **Authorization for Release of Confidential Information Contained Within the Arkansas Child Maltreatment Central Registry** | EHIRE-16404/07/2021 |
|  |
| I hereby request that the Arkansas Child Maltreatment Central Registry release any information their files may contain including the undersigned individual as an alleged perpetrator of suspected child abuse/neglect. This information should be addressed to: **Human Resources, Arkansas Cooperative Extension Service, 2301 S. University Ave., Little Rock, AR 72204**. I understand that the name of any confidential informants, or other information which does not pertain to the individual as alleged perpetrator, will not be released. Please scan and send completed and notarized forms to centralregistry@uada.edu or mail to the address above. |
| PLEASE TYPE OR PRINT |
|  |
| Last Name |       | First Name |       | Middle Name |       |
|  |
| Maiden Name, Aliases, and any other name(s) you have used |       |
|  |
| Date of Birth |       | Race |       | [ ]  | Female | [ ]  | Male |
|  |
| SSN# |       | County of Residence: |       |  |
| Please select whether you are a volunteer or a UA Division of Agriculture employee. List the appropriate county or work location.  |
| [ ]  4-H Volunteer in  |       | County | OR | [ ]  UADA Employee | Work location |       |
|  |
|  **Addresses for last 10 years (include Zip code)** |  | **From** |  | **To Present** |
|  |
| 1. |       |  |       |  |       |
|  |
| 2. |       |  |       |  |       |
|  |
| 3. |       |  |       |  |       |
|  |
| 4. |       |  |       |  |       |
|  |
| 5. |       |  |       |  |       |
|  |
| Names and Birth Dates (DOB) of Children |
| Last Name |       | First Name |       |  | DOB |       |
|  |
| Last Name |       | First Name |       |  | DOB |       |
|  |
| Last Name |       | First Name |       |  | DOB |       |
|  |
| Last Name |       | First Name |       |  | DOB |       |
|  |
| Last Name |       | First Name |       |  | DOB |       |
|  |
|  |  |  |
| **Signature** |
|  |
| County Of |       | State of Arkansas |
|  |
| Acknowledged before me this |        | Day of |       | 20 |    |  |
|  |
| Notary Public |       |  |
|  |
| My Commission Expires |       |  |
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