

## Authorization for Release of Confidential Information Contained Within the Arkansas Child Maltreatment Central Registry

EHIRE-164 04/01/2025

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	e 🗌 Male	
SSN#	County of Residence:			<del></del>
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 I	ast 10 years (include Zip cod	<u>e)</u>	<u>From</u>	To Present
1.				
2.				
3.				
4.				
5.				
	Names and Birth Date	s (DOB) of Children		
Last Name		First Name	<del></del>	DOB
Last Name		First Name		DOB
Last Name		First Name	<del></del>	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				
Pursuant to 7 CFR § 15.3, the University of Arkansa	s System Division of Agriculture offers all its E	Extension and Research programs a	and services (including emr	olovment) without regard to race.

color, sex, national origin, religion, age, disability, marital or veteran status, genetic information, sexual preference, pregnancy or any other legally protected status, and is an equal opportunity