

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.

CAMP COUNSELOR APPLICATION

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 _____

	<u>Addresses for last 10 years (include Zip code)</u>	<u>From</u>	<u>To Present</u>
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 _____