

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

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

Signature

County Of State of Arkansas

Acknowledged before me this Day of 20

Notary Public

My Commission Expires