



ARKANSAS STATE POLICE

ASP-122 (Rev. 11/16)

Identification Bureau
Arkansas Criminal History Record Check
Request Form

Full Name: Last name First name Middle name Jr/Sr/III/IV

Daytime phone #
List ALL other names ever used (married, maiden, shortened, etc)

Date of Birth: (Month/Day/Year) State of Birth: Race: Sex:

Social Security #: Driver's License #: State

Mailing Address: Street City State ZIP

Daytime Phone #: ( )

I give my consent for the Arkansas State Police to conduct a criminal record check on me and release the results to the below listed person/entity. I understand that I can challenge the completeness or accuracy of the Arkansas criminal history record by using the procedure set out in Title 28, CFR. 16.34.

Signature: (First/MI/Last Name) Date: (Month/Day/Year)

Release the results to: U.S. Office of Personnel Management / National Background Investigations Bureau

First/MI/Last Name of Person or Full Name of Agency/Entity
Mailing Address: 1137 Branchton Rd., PO Box 618 Boyers PA 16018
Street City State ZIP

STATE OF

COUNTY OF §

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the day of , 20 .

Notary Public

82005 State Record Check