



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

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

Release the results to: **UA Pulaski Technical College**
First/MI/Last Name of Person or Full Name of Agency/Entity

Mailing Address: **3000 W. Scenic Dr.** **North Little Rock** **AR** **72118**
Street City State ZIP

STATE OF _____

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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