



# ARKANSAS STATE POLICE

ASP 122VOL  
(Eff. 02/19/2019)

## Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

- Select One:  Adam Walsh Act - Public Law 109-248 ARAWA000Z  
 Serve America Act - Public Law 111-13 ARSAA000Z  
 Other Volunteer AR920500Z AR Code §12-12-1607

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Jr./Sr./III \_\_\_\_\_  
 \_\_\_\_\_ 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/P.O. Box \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### APPLICANT RECORD NOTICE

**Notification:** Fingerprints submitted will be used to check the criminal history records of the FBI.  
**Obtaining Copy:** Procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 – 16.33 or the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>  
**Change, Correction, or Updating:** Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

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

Release to: \_\_\_\_\_  
**Rogers School District/ Jacki Gustin**  
 (First/MI/Last Name) OR Full Name of Agency

Mailing Address: \_\_\_\_\_  
**500 West Walnut Street**  
 Street/P.O. Box \_\_\_\_\_  
**Rogers** \_\_\_\_\_ **AR** \_\_\_\_\_ **72756**  
 City State Zip Code

**WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED (OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK) THIS REQUEST FORM MUST BE NOTARIZED**

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

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

Notary Public

### BELOW FOR OFFICE USE ONLY

- 82002 Civil Record Check  80020 FBI Check  80006 FBI Check (ASP)

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