ARKANSAS STATE POLICE

ASP-122VOL
(Eff. 01/01/2025)

Identification Bureau
Individual Record Check Request Form
VOLUNTEER ONLY

Select One:
- [X] **Adam Walsh Act - Public Law 109-248**
- [ ] **Serve America Act - Public Law 111-13**
- [ ] **Other Volunteer AR Code §12-12-1607**

Last Name _____ First Name _____ Middle Name _____ Jr./Sr./III _____

List **ALL** other names ever used (married, maiden, shortened, etc.) _____ Daytime Phone #: _____

Date of Birth: _____ (Month/Day/Year) State of Birth: _____ Citizenship: _____

Sex: _____ Race: _____ Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____ Social Security #: _____

Driver's License #: _____ (DL State) _____

Mailing Address: _____ Street/P.O. Box

City _____ State _____ Zip Code _____

APPLICANT RECORD NOTIFICATION

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 at Title 28, Code of Federal Regulations (CFR) Section 16.30 – 16.33 or on 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.

Privacy Act Statement: (This privacy act statement is located on the back of the FD-258 fingerprint card.)

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I give my consent for the Arkansas State Police to conduct an Arkansas (and if fingerprints are submitted, an FBI) criminal record search on myself and to release any results to the following person or entity:

Release to: **Little Rock Christian Academy Attn: Valerie Stearns** (First/MI/Last Name) **OR** Full Name of Agency **501-868-9822** Phone Number

Email Address: **valerie.stearns@littlerockchristian.com** (Email address for person/entity this is being released to)

Mailing Address: **19010 Cantrell Road** Street/P.O. Box

Little Rock City **AR** State **72223** Zip Code

Subject of Record Signature: _____ (First/MI/Last Name) Date: _____ (Month/Day/Year)

THIS PROPERLY COMPLETED 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 _____.

BELOW FOR OFFICE USE ONLY **Notary Public**

- [ ] 82002 Volunteer State Record Check ($10.00)
- [ ] 80006 Volunteer FBI Record Check ($2.00)
- [ ] 80020 Volunteer FBI Record Check ($8.00)