



# ARKANSAS STATE POLICE

ASP-122  
(Eff. 09/21/2022)

## Identification Bureau Individual Record Check Request Form

### INSTRUCTIONS

**If you are mandated by law to have a background check performed, please contact the licensing agency/entity that requires the background check for the proper request form.**

1. When **an Arkansas background check** is requested, include a properly completed **ASP-122** request form; a check or money order in the amount of **\$25.00**, made payable to the Arkansas State Police. **DO NOT SEND CASH**. A fingerprint card is **NOT** required to be submitted if only the Arkansas background check is requested. The results of the Arkansas background check will be sent to the person/entity to whom it was released.
2. The subject of the criminal records search may challenge the completeness or accuracy of the criminal history information by using the procedures as outlined in Title 28, Code of Federal Regulation (CFR) Section 16.34 and/or Arkansas Code §12-12-1013.
3. If the request is made by mail, a properly addressed envelope with sufficient return postage must be included.
4. Send properly completed request form and proper payment to:

Arkansas State Police, ID Bureau  
1 State Police Plaza Drive  
Little Rock, AR 72209

To contact the Arkansas State Police, ID Bureau, you may call 501-618-8500.



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Please mark the box if this background check is for U.S. VISA purposes only and requires an Apostille Letter

Full Name: \_\_\_\_\_  
*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*

Physical Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State ZIP*

Mailing Address: \_\_\_\_\_  
*Street or P.O. Box*

\_\_\_\_\_ *City State ZIP*

### APPLICANT RECORD NOTIFICATION

**Change, Correction, or Updating:** Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 and/or Arkansas Code § 12-12-1013.

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: Office of Licensure & Accreditation - Kyli Klinger P.A.I  
*(First/MI/Last Name) or Full Name of Agency*

Mailing Address: 700 Governors Dr  
*Street*

Pierre SD 57501  
*City State ZIP*

Daytime Phone #: (605) 773-3612

### **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 the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public