



# ARKANSAS STATE POLICE

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

## Identification Bureau Individual Record Check Request Form

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: \_\_\_\_\_  
*(First/MI/Last Name) or Full Name of Agency*

Mailing Address: \_\_\_\_\_  
*Street*

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

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

### 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