



ARKANSAS STATE POLICE

ASP-122
(Rev. 04/00)

Identification Bureau Individual Record Check Form

Full Name: _____
 First Middle Last Name Maiden/Other

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 SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: Boys & Girls Club of El Dorado
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 1201 North West Avenue El Dorado AR 71730
 Street City State ZIP

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

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

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

82001 Civil Record Check

80000 FBI Record Check