



**Arkansas Department of Human Services  
Division of Children and Family Services  
STATE POLICE CRIMINAL & FBI RECORD CHECK RELEASE**

**THIS SECTION TO BE COMPLETED BY DCFS WORKER. CHECK ALL THAT APPLY.**

- Foster Parent       Adoptive Parent       FFSS (for which Foster Family): \_\_\_\_\_  
 Provisional       ICPC Reg No. 7       Court Ordered       Other \_\_\_\_\_

**ONLY Provisional, ICPC Reg No. 7, and Court Ordered Checks will be expedited.**

- State Only       State/FBI (fingerprint card included)       State/FBI (fingerprints to be run via harvester)

\_\_\_\_\_  
County Requesting Check and County Number      Name of DCFS Worker Requesting the Check  
\_\_\_\_\_  
(      )  
\_\_\_\_\_  
Telephone Number and Extension Number      Date of Request

**THIS SECTION TO BE COMPLETED BY THE PERSON TO BE CHECKED (PLEASE PRINT)**

LEGAL NAME: \_\_\_\_\_  
Last (Include Jr., II, III)      First      Middle

MAIDEN NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CURRENT STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: Male  Female

STATE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ SOC SEC #: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

DRIVER'S LICENSE OR STATE ID NUMBER: \_\_\_\_\_ ISSUED BY STATE OF: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO  YES  (If yes, please provide a description of the crime and the particulars of the conviction.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THE FOLLOWING IS TO BE COMPLETED ONLY IN THE PRESENCE OF A NOTARY**

I hereby authorize the Department of Human Services to obtain a Criminal Record and FBI Checks through the Arkansas State Police in accordance with Act 1573 of 2005. I provide this consent now for current and future checks as requested by the Department of Human Services. I understand that at any time I may revoke this continuing permission in writing. I state on oath that the representations made herein are true and correct. I understand that I may challenge the accuracy and completeness of any information in any report and obtain a prompt determination as to the validity of the challenge before a final determination is made by the board. I understand that I may be denied a license or exemption to operate a child welfare agency or may be denied unsupervised access to children in the care of a child welfare agency due to information obtained by this check that indicates I have been convicted of, or am under pending indictment for a crime per ACA § 9-28-409. I understand that any background check and the results thereof shall be handled in accordance with the requirements of Pub. L. No. 92-544.

\_\_\_\_\_  
Signature of Applicant      Date

State of Arkansas, County of \_\_\_\_\_. Subscribed and sworn to before me a Notary Public in and for the county and state aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

My Commission Expires on \_\_\_\_\_, \_\_\_\_\_.