

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION**

Authorization for release of confidential information:
ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY
MAIL ORIGINAL COMPLETED FORM TO: P.O.BOX 1437 SLOT S-150 LITTLE ROCK
AR 72203

Note to users of this form:	Please type or print all information! Illegible forms will not be processed! Fill out form completely. This form may be copied and shared.
-----------------------------	--

FACILITY REQUESTING CHECK AND REPORT	NAME OF LICENSING SPECIALIST REQUESTING THE CHECK
MAILING ADDRESS	TITLE COUNTY
CITY STATE ZIP	TELEPHONE NUMBER
FACILITY DIRECTOR & TELEPHONE NUMBER	DATE OF REQUEST

TO BE COMPLETED BY THE PERSON TO BE CHECKED

NAME OF PERSON TO BE CHECKED: _____
(LAST NAME)
(FIRST NAME)
(MIDDLE NAME)

MAIDEN NAME: _____ ALIASES: _____

DOB: (_____ / _____ / _____) SSN: _____ - _____ - _____
MONTH
DATE
YEAR

RACE: _____ SEX: (MALE/FEMALE) TELEPHONE NUMBER: (_____) _____

COMPLETE ADDRESS: _____
STREET
CITY
STATE
ZIP

PLACE OF EMPLOYEMENT: _____

<u>FULL NAME/AGE OF OWN CHILDREN</u>	<u>DOB</u>	<u>SOCIAL SECURITY NUMBER</u>

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release all information their files may contain including the Prosecuting Attorney's report, concerning the undersigned and any birth/legal children ages 10 through 17 who are now or have resided in my home of the undersigned. I also understand that the name of any confidential informants, or other information which does not pertain to me or my children, will not be released."

SIGNATURE OF PERSON TO BE CHECKED DATE

COUNTY OF _____ SS
 STATE OF ARKANSAS
 Acknowledge before me on this _____ day of _____
 20_____.

Notary Public _____

My Commission Expires: _____ / _____ / _____

CONTINUED FROM THE FRONT SIDE:

LIST COMPLETE ADDRESSES YOU HAVE LIVED IN THE PAST SIX YEARS:

STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP