

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

REQUEST FOR:

CRIMINAL RECORD CHECK

MAIL ORIGINAL COMPLETED FORM TO: P.O.BOX 1437 SLOT S-150 LITTLE ROCK AR 72203

(FACILITY USE ONLY)	(DHS USE ONLY)
FACILITY REQUESTING 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: (____/____/____) MONTH DATE YEAR SSN: _____ - _____ - _____ PHONE #: (____) _____ - _____

DRIVER'S LICENSE or GOV'T ID #: _____ / _____ RACE: _____ SEX: (MALE / FEMALE)

NOTE: HAVE YOU LIVED IN ARKANSAS FOR THE PAST FIVE (5) YEARS? YES NO (IF NO, LIST ALL OF THE STATES YOU HAVE LIVED IN THE PAST FIVE YEARS.

COMPLETE ADDRESS: _____
(Physical residential address) STREET CITY STATE ZIP

PLACE OF EMPLOYMENT: _____

Have you ever been found guilty of, or pleaded guilty or no contendere to a crime? (Circle ONE) YES NO
***If yes, attach a detailed description of the crime and the facts of the finding of guilt or the plea.**

"I hereby authorize the Arkansas State Police to release any criminal history information: to the Division of Child Care and Early Childhood Education."

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: _____ / _____ / _____

STATE POLICE USE ONLY DO NOT WRITE IN THIS BOX: { } 82001 CIVIL RECORDS CHECK