ARKANSAS DEPARTMENT OF HUMAN SERVICES AUTHORIZATION FOR ADULT MALTREATMENT CENTRAL REGISTRY

Print all information in ink		
Name	Date of Birth	
Maiden and/or Any Names Formerly Used	Social Security Number	
Current Address (Street, City, State, Zip)		
List all previous addresses for the past five years		Dates (From/To)

I authorize Department of Human Services/Adult Protective Services to release information from the Adult Maltreatment Central Registry in accordance with Arkansas Code [ACA 12-12-1717] to:

Name	Agency type:		
	 Volunteer (no charge) Non-Profit (no charge) State Agency (no charge) 		
Mailing Address (Street or PO Box,City, State, Zip)	All Others (\$10.00 Fee)		
I further certify that the information provided on this for	m is true and correct.		
Signature	Date		
	24.0		
Notarization Required			
COUNTY OF STATE OF ARKANSAS			
STATE OF ARRANSAS			
Acknowledged before me this day of	, 20		
(Notary Public) (N	ly Commission Expires)		
The above listed applicant was/was not	found in the Adult		
Maltreatment Central Registry.			
Adult Protective Services – Slot W240			
Adult Maltreatment Central Registry			
PO Box 1437			
Little Rock, AR 72203			