



**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 Adopt FFSS (for which Foster Family): _____ Provisional
- ICPC Reg No. 7 Court Ordered (State only, no FBI) Volunteer (for which family): _____
- 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 _____, _____.

Criminal Background Check Privacy Act Statement

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Client Signature

Date