

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

REQUEST FOR:  
**FBI RECORDS CHECK**

**A completed state criminal records check form, a completed fingerprint card FD-258 and a check or money order (made payable to ASP or Arkansas State Police) MUST be attached for EACH fingerprint check needed. Checks/money orders cannot be combined for multiple fingerprint checks.**

If you have any questions, or wish to dispute the results, please contact your Licensing Specialist immediately.

(FACILITY USE ONLY)  _____ FACILITY REQUESTING REPORT  _____ MAILING ADDRESS  _____ CITY STATE ZIP  _____ FACILITY DIRECTOR & TELEPHONE NUMBER	(DHS USE ONLY)  _____ NAME OF LICENSING SPECIALIST REQUESTING THE CHECK  _____ TITLE COUNTY  _____ TELEPHONE NUMBER  _____ DATE OF REQUEST
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**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: \_\_\_\_-\_\_\_\_-\_\_\_\_ PHONE #: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
MONTH DATE YEAR

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

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

PLACE OF EMPLOYMENT: \_\_\_\_\_

"I hereby authorize the Department of Human Services to conduct a criminal background check on myself through the Federal Bureau of Investigations, and for the FBI and Arkansas State Police to release any criminal history information to the Division of Child Care and Early Childhood Education. I also understand that the Identification Bureau of the Arkansas State Police may maintain the fingerprints submitted in an automated fingerprint identification system."

\_\_\_\_\_  
 SIGNATURE OF PERSON TO BE CHECKED DATE

PLEASE CHECK THE APPROPRIATE BOX:

Division of Child Care & Early Childhood Education Applicant:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Owner/Operator<br>(Licensee/Board Member/Director) | <input type="checkbox"/> Child Care Facility Employee | <input type="checkbox"/> Volunteer who is left alone with children, considered in the staff/child ratio or given supervisory/disciplinary control over children |
|---|---|---|

**STATE POLICE USE ONLY - DO NOT WRITE IN OR BELOW THIS BOX**

# Application Record Notification

## Notification

Fingerprints submitted will be used to check the criminal history records of the FBI.

## \*Obtaining Copy

Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

## \*Change, Correction, or Updating

Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

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Print Name

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Date

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Signature