



Arkansas State Board of Chiropractic Examiners  
Criminal Background Check Release

Send form and related materials to:  
ASBCE  
101 E. Capitol, Ste.209  
Little Rock, AR 72201

1. Social Security Number:	2. Driver's License #:	3. State DL Issued:
4. First _____ Middle _____ Last _____ Maiden/Other _____		
5. Address: _____ County _____ City _____ State _____ Zip _____		
6. Date of Birth:	7. State of Birth:	8. Race:
9. Sex:		
<p>10. I, _____, give my consent (print name) for the Arkansas State Board of Chiropractic Examiners to conduct a criminal record search on myself and allow the release of results to the Arkansas State Board of Chiropractic Examiners.</p> <p>_____ Signature</p> <p>_____ Date</p>		
<p>11. State of _____ County of _____</p> <p>Subscribed and sworn before me, a Notary Public, in and for the country and state aforesaid, this the _____ day of _____, 20_____.</p> <p>_____ Signature of Notary</p> <p>_____ Date</p> <p>My commission expires: _____</p> <p style="text-align: right;">NOTARY SEAL</p>		

Submit this completed, signed and notarized form, along with a copy of your driver's license and a check or money order in the amount of \$22.00 made payable to the Arkansas State Board of Chiropractic Examiners.