

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

FBI RECORD CHECK

Note to users of this form: Please type or print all information! Illegible forms will not be processed! Fill out form completely. This form may be copied and shared.

RETURN THE ORIGINAL COMPLETED FORM TO: YOUR CHILD CARE LICENSING SPECIALIST

_____ FACILITY REQUESTING CHECK AND 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: (____ / ____ / ____) SSN: ____ - ____ - ____ RACE: _____
MONTH DAY YEAR

DRIVER'S LICENSE #: _____ SEX: (MALE / FEMALE) TELEPHONE NUMBER: (____) _____

COMPLETE 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."

SIGNATURE OF PERSON TO BE CHECKED DATE

PLEASE CHECK THE APPROPRIATE PLACE(S):

{ } DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION APPLICANT:

{ } CHILD CARE FACILITY EMPLOYEE { } OTHERS

{ } A COMPLETED FINGERPRINT CARD FD-258 AND A CHECK/MONEY ORDER OF \$24.00 ARE ATTACHED. (IF YOU ARE AN APPLICANT FOR A CHILD CARE LICENSE OR EMPLOYED IN A LICENSED FACILITY, WHO HAS LIVED IN ARKANSAS FOR LESS THAN SIX (6) YEARS, YOU ALSO NEED AN FBI CHECK. PLEASE ATTACH A COMPLETED FBI FINGERPRINT CARD (FD-258) AND A SEPARATE CHECK OF \$24.00 FOR THE FBI CHECK PAYABLE TO THE ARKANSAS STATE POLICE. ATTACH A SEPARATE CHECK FOR EACH PERSON.)

DO NOT WRITE BELOW THIS LINE / FOR ARKANSAS STATE POLICE ONLY