

**Attachment "C"**  
**BACKGROUND CHECK FORM**



**ARKANSAS STATE POLICE**

**ASP-122**  
**(Rev. 07/08)**

**Identification Bureau**  
**Individual Record Check Form**

**Procedure For Criminal History Check**

1. The ASP form 122, Individual Record Check Form, must be completed in its entirety.
2. A check or money order in the amount of \$25.00 made payable to the Arkansas State Police, must be included.
3. If the request is presented in person, the person requesting must present a photo I.D. issued by a government agency.
4. If the request is made by mail, the signature on the ASP form 122 must be notarized.
5. If the request is made by mail, a self-addressed envelope with sufficient return postage must be included.
6. If the request is made in person at our office by a third party, such as an employment agency or employer, the ASP form 122 must be notarized.
7. If the request is required by a particular licensing entity as mandated by state law, such as teachers, health care or police, please contact the appropriate licensing entity to obtain the proper forms and be advised of the correct procedure to obtain a criminal history.

Send requests to:

Arkansas State Police  
Identification Bureau  
1 State Police Plaza Dr.  
Little Rock, AR 72209

To contact the Identification Bureau, you may call 501-618-8500.



ARKANSAS STATE POLICE

ASP-122  
(Rev. 07/08)

Identification Bureau  
Individual Record Check Form

Full Name: \_\_\_\_\_  
First Middle Last Name / Maiden/Other

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_ Sex: \_\_\_\_  
(Month/Day/Year)

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
State

Mailing Address: \_\_\_\_\_  
Street City State ZIP

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL  
RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING  
PERSON OR ENTITY:

Name: \_\_\_\_\_  
(First/MI/Last Name) or Full Name of Agency

Mailing Address: \_\_\_\_\_  
Street City State ZIP

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(First/MI/Last Name) (Month/Day/Year)

**(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ §

Subscribed and sworn before me, a Notary Public, in and for the county and state  
aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

☐ 82004 State Record Check

☐ 82005 State Record Check