



ARKANSAS STATE POLICE

ASP 122
(Rev. 02/19/2019)

Identification Bureau Individual Record Check Request Form

INSTRUCTIONS

If you are mandated by law to have the background check performed, please contact the licensing agency/entity that requires the background check for the proper request form.

1. When **an Arkansas background check** is requested, include a properly completed **ASP 122** request form and a check or money order in the amount of **\$25.00 (DO NOT SEND CASH)**, made payable to the Arkansas State Police. A fingerprint card is NOT required to be submitted if only the Arkansas background check is requested. The results of the Arkansas background check will be sent to the person/entity as specified on this form.
2. The subject of the criminal records search may challenge the completeness or accuracy of the criminal history information by using the procedures as outlined in Title 28, Code of Federal Regulation (CFR) Section 16.34 and/or Arkansas Code §12-12-1013.
3. If the request is made by mail, an envelope properly addressed to the person/entity to whom the background check will be released, as specified on the ASP 122 form, with sufficient return postage must be included.
4. When the properly completed **ASP 122** form is submitted, other than in person at the ASP ID Bureau in Little Rock by the subject of the record check, this request form must be notarized.
5. Send properly completed request form, envelope, and proper payment to:

**Arkansas State Police
Identification Bureau
1 State Police Plaza Drive
Little Rock, AR 72209**

To contact the Arkansas State Police ID Bureau, you may call **501-618-8500**.

SEE OTHER SIDE FOR REQUEST FORM



ARKANSAS STATE POLICE

ASP 122
(Rev. 02/19/2019)

Identification Bureau Individual Record Check Request Form

_____	_____	_____	_____
Last Name	First Name	Middle Name	Jr./Sr./III
_____		Daytime Phone #: _____	
List ALL other names ever used (married, maiden, shortened, etc.)			
Date of Birth: _____ (Month/Day/Year)		State of Birth: _____	Race: _____ Sex: _____
Social Security #: _____		Driver's License #: _____ State	
Mailing Address: _____		Street/P.O. Box	
_____		_____	_____
City		State	Zip Code

APPLICANT RECORD NOTICE

Obtaining Copy: Procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.33 or 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 in Title 28, Code of Federal Regulations (CFR), Section 16.34.

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:

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

Release to: _____
(First/MI/Last Name) **OR** Full Name of Agency

Mailing Address: _____
Street/P.O. Box

City State Zip Code

WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED (OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK) THIS REQUEST FORM MUST BE NOTARIZED

STATE OF _____

COUNTY OF _____

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

Notary Public

BELOW FOR OFFICE USE ONLY

☐ 82005 State Record Check

Back