ARKANSAS STATE POLICE

ASP-122
(Rev. 11/05)

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 of Issue:_____

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: _____**ARKANSAS INSURANCE DEPARTMENT**_____
(First/MI/Last Name) or Full Name of Agency

Mailing Address: __**1200 West Third Street** **Little Rock** **AR** **72201-1904**
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

☐ 82001 Civil Record Check