# ARKANSAS STATE POLICE

ASP-122
(Eff. 09/21/2022)

## Identification Bureau
## Individual Record Check Request Form

**Please mark the box if this background check is for U.S. VISA purposes only and requires an Apostille Letter** ☐

Full Name: _____
*Last name* *First name* *Middle name* *Jr/Sr/III*

_____ Daytime Phone #: (____) _____
*List **ALL** other names ever used (married, maiden, shortened, etc)*

Date of Birth: _____ State of Birth: _____Race: _____Sex: _____
*(Month/Day/Year)*

Social Security #: _____ Driver's License #: _____
*State*

Physical Address: _____
*Street*

_____
*City* *State* *ZIP*

Mailing Address: _____
*Street or P.O. Box*

_____
*City* *State* *ZIP*

**APPLICANT RECORD NOTIFICATION**

***Change, Correction, or Updating:*** *Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 and/or Arkansas Code §12-12-1013.*

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: TN Department of Human Services, Attn: Basem Girgis
*(First/MI/Last Name) or Full Name of Agency*

Mailing Address: Andrew Johnson Tower, 8th Floor, 710 James Robertson Pkwy
*Street*

Nashville TN 37243
*City* *State* *ZIP*

Daytime Phone #: (615) 253 - 4170

**THIS PROPERLY COMPLETED 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 the _____ day of _____, 20 _____.

_____
Notary Public

☐ 82005 State Record Check