

Individual Record Check Request Form
Arkansas Substance Abuse Certification Board

Instructions for the completion of this form:

1. Properly complete this form and have it notarized;
2. Get a envelope with proper postage addressed to:
ASACB - Evergreen Place
1100 N. University Ave, Ste 35
Little Rock, AR 72207
3. Get a check or money order for \$25.00 payable to the Arkansas State Police (DO NOT SEND CASH);
4. Mail or deliver this properly completed form, the postage paid envelope and the check or money order payable to the Arkansas State Police – ID Bureau, 1 State Police Plaza Drive, Little Rock, AR 72209.

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

Any other name(s) you have ever used: _____
Maiden/Other

Date 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 an Arkansas (and if fingerprints are submitted, an FBI) criminal records search on myself and release any results to the Arkansas Substance Abuse Certification Board. I understand that I can challenge the completeness or accuracy of the state or FBI criminal history record by using the procedure set out in Title 28, CFR. 16.34.

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

Release to: Arkansas Substance Abuse Certification Board
Mailing address: ASACB, Evergreen Place
1100 N. University Ave, Ste 35
Little Rock, AR 72207

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED STAMP & SIGNATURE)

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state

aforsaid, this the _____ day of _____, 20 _____ .

Notary Public

82001 Arkansas Record Check

80001 FBI Record Check

Revised 12/2018