## ARKANSAS STATE POLICE



## Identification Bureau Individual Record Check Form

Full Name:					
First	Middle	Middle Last Name		Maiden/Other	
Date of Birth:(Month/Day/		e of Birth:	Race:	Sex:	
Social Security #:		Driver's Licens	se #:		
				State	
Mailing Address: Street		City	State	ZIF	
Daytime Phone #: ()					
I GIVE MY CONSENT FOR THE RECORD SEARCH ON MYSE PERSON OR ENTITY:  Name:	LF AND RELEASE	ANY RESULTS TO	ratio and the second		
(First/MI/Last Name	e) or Full Name of Agen	.cy			
Mailing Address: Street		City	State	ZIP	
		City	9229	2.31.1	
Signature:(First/MI/Last Name)			_ Date: (Mon	th/Day/Year)	
	BE PROCESSED WITH	HOUT A NOTARIZED	SIGNATURE	3)	
			183		
STATE OF		- §			
COUNTY OF					
Subscribed and sworn before	me, a Notary Publ	ic, in and for the	county and	state	
aforesaid, this the	day of	20			
aioresaiu, uns uic	uay or			•	
			Notary Pul	blic	
	AN Comment				
☐ 82004 State Record Check	<				
☐ 82005 State Record Check	<				