



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

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