

If 18 years of age or older please fill out only highlighted areas on form



ARKANSAS STATE POLICE

ASP 122VOL
(Eff. 02/19/2019)

Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

- Select One: Adam Walsh Act - Public Law 109-248 ARAWA000Z
 Serve America Act - Public Law 111-13 ARSAA000Z
 Other Volunteer AR920500Z AR Code §12-12-1607

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 _____
 Mailing Address: _____ Street/P.O. Box _____
 City _____ State _____ Zip Code _____

APPLICANT RECORD NOTICE

Notification: Fingerprints submitted will be used to check the criminal history records of the FBI.
Obtaining Copy: Procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 – 16.33 or the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>
Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

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: Baptist Health Human Resources - Attn: Athena M. Webb-Baxley
 (First/MI/Last Name) OR Full Name of Agency

Mailing Address: 9601 Baptist Health Drive
 Little Rock AR 72205
 City State Zip Code

WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED (OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK) THIS REQUEST 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 is the _____ day of _____, 20_____.

Notary Public

BELOW FOR OFFICE USE ONLY

- 82002 Civil Record Check 80020 FBI Check 80006 FBI Check (ASP)

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Fax: 1489