PRIKANS TS	ARKANSAS STATE POLICE	C				
STE POLC	Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY					
	Select One: Adam Walsh Act - Public Law 109-248   Serve America Act - Public Law 111-13   Other Volunteer AR Code §12-12-160					

## ASP-122VOL (Eff. 09/21/2021)

Last Name				First Name		Middle Name	Jr./Sr./III
					Daytime	Phone #:	
	List <b>ALL</b>	other names ever used (married	, maiden, shortened,	etc.)	Ū		
Date of Birth:	:		State of Bi	rth:		Citizenship:	
		(Month/Day/Year)					
Sex:	Race:		Eye Color:			Hair Color:	
Height:		Weight:		Social Security #:			
Driver's Licen	nse #:				(DL State)		
Mailing Addre	ess:				(= = = = = = = = = ;		
				Street/P.O. B	lox		
		City			State	e	Zip Code
Notification: Fing	gerprints sub	mitted will be used to check the cr		<b>RECORD NOTIFICA</b> of the FBI.	TION		
		or obtaining a copy of the FBI crim s/background-checks	minal history record are	e set forth at Title 28, Code	of Federal Reg	gulations (CFR) Section 16.30 - 16.	33 or on the FBI website at
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.							
Privacy Act Statement: (This privacy act statement is located on the back of the FD-258 fingerprint card.)							

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

may affect completion or approval of your application. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/ or the FBI for the purpose of comparing your fingerprints to other users findular generation. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints mat associated information/ biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/ or the FBI for the purpose of comparing your fingerprints to other lingerprints in the FBI's Next Generation (INGI) systems and associated information/ biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/ biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I give my consent for the Arkansas State Police to conduct an Arkansas (and if fingerprints are submitted, an FBI) criminal record search on myself and to release any results to the following person or entity:

	Phone Number	
person/entity this is being released to)		
, , , ,		
Street/P.O. Box		
	Zip Code	
Date:		
ne)	(Month/Day/Year)	
FORM MUST BE NOTARIZED.		
he county and state aforesaid, this i	s the	
5		
20		
, 20	·	
	Street/P.O. Box State Date:	

🗌 82002 Volunteer State Record Check (\$10.00) 🔲 80006 Volunteer FBI Record Check (\$2.00) 🗌 80020 Volunteer FBI Record Check (\$9.25)