



ARKANSAS STATE POLICE

Identification Bureau Individual Record Check Form

- Required:
1. This form properly completed.
 2. \$15.00 check or money order, payable to "Arkansas State Police".
 3. Self-addressed stamped envelope.

Full Name: _____ / _____
First Middle Last Name Maiden/Other

Date of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State Zip

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: _____
(First, Last, Middle)

Mailing Address: _____
(Street)

St. Petersburg Florida 33742-3199.
City State Zip

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

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