

## FOR OFFICIAL USE ONLY

### ARKANSAS

#### REQUIRED FORMS

- Arkansas ASP122 State Record Check Request Form, Eff. 08/11/2021
- OPM General Release Form

#### INSTRUCTIONS FOR SUBMISSION

- The subject of the investigation must complete the Arkansas ASP122 State Record Check Request Form, Eff. 08/11/2021. This form is required to search the Arkansas State Criminal Repository and fulfill the requirements of Public Law 101-647.

#### REQUIRED FIELDS

- Please ensure all required fields on the form are complete, otherwise, this could result in a return of the form from the state repository.
- The Driver's License # field is **ONLY** for a state issued ID number or a state issued driver's license number along with the abbreviation of the issuing state. If the subject has (or had) a state issued ID or a state issued driver's license, but that number is unknown, write "Unknown" and list the abbreviation of the state where the ID or license was issued. If the subject never had a state issued ID or state issued driver's license, please write "None".

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# ARKANSAS STATE POLICE

ASP-122  
(Eff. 08/11/2021)

## Identification Bureau Individual Record Check Request Form

Please mark the box if this background check is for U.S. VISA purposes only and requires an Apostille Letter

Full Name: \_\_\_\_\_  
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

Physical Address: \_\_\_\_\_  
Street  
City State ZIP

Mailing Address: \_\_\_\_\_  
Street or P.O. Box  
City State ZIP

### APPLICANT RECORD NOTIFICATION

**Change, Correction, or Updating:** Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 and/or Arkansas Code § 12-12-1013.

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: \_\_\_\_\_  
Defense Counterintelligence and Security Agency (DCSA)  
(First/MI/Last Name) or Full Name of Agency

Mailing Address: \_\_\_\_\_  
1137 Branchton Road / PO Box 618  
Street  
Boyers PA 16018  
City State ZIP

Daytime Phone #: (724) 794-5612

82005 State Record Check