



ARKANSAS STATE POLICE

Identification Bureau
Individual Record Check Form

ASP-122
(Rev. 11/15)

Full Name: First Middle Last Name Maiden/Other

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

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: Administrative Office of the Courts, Court Interpreter Services
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 625 Marshall Street Little Rock AR 72201
Street City State ZIP

REQUESTS WILL NOT BE PROCESSED WITHOUT A NOTARIZED SIGNATURE

Signature: (First/MI/Last Name) Date: (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

- 82004 State Record Check
82005 State Record Check