



ARKANSAS STATE POLICE

Identification Bureau
Individual Record Check Form

ASP-122
(Rev. 09/07)

Full Name: \_\_\_\_\_
First Middle Last Name Maiden/Other

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

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

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

REQUESTS WILL NOT BE PROCESSED WITHOUT A NOTARIZED SIGNATURE AND \$25 FEE
MAKE CHECKS PAYABLE TO: AOC COURT INTEPRETER FUND

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