



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