



Identification Bureau Individual Record Check Form

A SEPARATE FINGER PRINT CARD IS NECESSARY

Full Name:

First Middle Last Name Maiden/Other

Date of Birth: (MM/DD/YYYY) 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 CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING ENTITY:

Agency Name: ARKANSAS SCHOLARSHIP LOTTERY

Mailing Address: Post Office Box 3238 Little Rock, AR 72203-3238

Signature: Date: (MM/DD/YYYY)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF

COUNTY OF

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the day of ,

82004 State Record Check Notary Public 82005 State Record Check

FINGER PRINTING CAN BE COMPLETED AT LOCAL LAW ENFORCEMENT AGENCIES. PLEASE INCLUDE THE FOLLOWING ASL AGENCY NUMBER ON THE FORM FOR PROCESSING: AR920617Z