

ONLY FOR ARKANSAS DEPARTMENT OF EDUCATION USE
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

By the Arkansas Child Maltreatment Central Registry

Applicant Instructions: Complete this form, have it notarized, and submit a personal check, cashier's check OR a U.S. money order for \$10.00 made payable to the Arkansas Department of Human Services. DO NOT SEND CASH OR A TEMPORARY CHECK- YOUR REQUEST WILL NOT BE PROCESSED. Make and keep a copy of this form for your records.

PLEASE allow four weeks before contacting the Arkansas Department of Education concerning completion of your report.

INCOMPLETE OR UNNOTARIZED FORMS WILL NOT BE PROCESSED BY THE CENTRAL REGISTRY OR THE ADE!

Mail this notarized form and the fee payment to: **Arkansas Child Maltreatment Central Registry** Applicant- Check Only One:
P.O. Box 1437, Slot S 566 Licensed Teacher
Little Rock, Arkansas 72203 Non-licensed/Classified

Applicant's full name (print or type): _____
First Middle Last

List ALL other names used: _____

Applicant's Social Security Number: _____ - _____ - _____

Applicant's Birth Date (Month/Day/Year): _____ Age: _____ Race/ethnicity: _____ Gender: _____

Applicant's mailing address: _____ Physical Address: _____
Street or P.O. Box Street
City State Zip Code City State Zip Code

Applicant's phone number: _____ (home) _____ (cell) _____ (email)

List the full name and date of birth (Month/Day/Year) for **all** of the applicant's children, attach additional paper if necessary:
(Failure to list your children, may be considered fraud & result in the denial of application)

- | | | |
|----|--------------------|------------------------|
| 1. | Child's Full Name: | Child's Date of Birth: |
| 2. | Child's Full Name: | Child's Date of Birth: |
| 3. | Child's Full Name: | Child's Date of Birth: |

(Applicant) School District Contact Person District Phone Number District Fax

School Mailing Address School District LEA #

I hereby request that the Arkansas Child Maltreatment Central Registry release any information their files may contain indicating the undersigned applicant as an offender of a true report of child maltreatment to the **ARKANSAS DEPARTMENT OF EDUCATION**. **By signing below, I swear or affirm that the foregoing statements are true to the best of my knowledge and belief under penalty of perjury.**

Applicant's Signature: _____ Date _____

State of _____ County of _____

On this the _____ day of _____, 20____, before me, _____ (name of notary), the undersigned notary, personally appeared _____ (**applicant's name**) known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary Public: _____ My Commission Expires: _____