

Along with a Criminal Background check, it is recommended that the Arkansas Child Maltreatment Central Registry be checked using the following form.

Authorization For Release of Confidential Information Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

I understand that since I this is a church and a nonprofit organization, there will be no charge. I have provided proof of 501C3. **Please allow 7-10 business days for processing.**

This information should be addressed to:

(Please include a contact person's name and phone number.)

Name of Person Making the Request: _____

Company Name: _____

Address _____

(Include Post Office Box and Street Address)

Telephone Number: _____

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Full Name and DOB children

Race Age and DOB

Full Name and DOB children

Present Address:

Full Name and DOB children

From _____ to _____

Full Name and DOB children

Past address:

From _____ to _____

Applicant's Signature

County of _____ State of Arkansas
Acknowledges before me this _____ day of _____ 200____.
My commission expires: _____

Notary Public