

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.

Arkansas law now permits Central Registry to charge a fee for child maltreatment background checks, investigative files, photos, audio and video recordings. This fee applies to everyone except potential employees of DCFS, non-profit organizations and indigent persons. This request will be processed if you return it to us with a check or money order for \$10.00 made payable to the Department of Human Services. **We are unable to accept cash.** If you feel that you should not have to pay this fee, please provide us with your proof of 501C3. **Please allow 7-10 business days for processing.**

This information should be addressed to:

**Professional Licensure
Arkansas Department of Education
Four Capitol Mall, Room 106B
Little Rock, AR 72201
Telephone Number: 501-682-4342**

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.

Please Check One:

- Licensed Educator
 Non-licensed Employee

Applicant's Phone Number(s)

Home: _____
Cell: _____
Work: _____

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Full Name and DOB of children

Race

Age/DOB

Full Name and DOB of children

Current Address:

Full Name and DOB of children

From _____ to _____

Full Name and DOB of children

Previous Address:

From _____ to _____

Applicant's Signature

County of _____, State of Arkansas
acknowledges before me on this ____ day of _____, 20 ____.
My commission expires: _____

Notary Public