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. (**Mail this form to the above address**)

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.

Results will be mailed 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		Applicant Phone Nur Home:	
Non-licensed Employee / Classified		Cell: Work:	
Applicant's Name (print or type)	_	Social Security Nun	nber
Maiden Name/Aliases	_	Full Name and DC	OB children
Race Age and DOB		Full Name and D	OOB children
Present Address:		Full Name and D	OOB children
Fromto			
Past address:	<u> </u>	Full Name and D	OOB children
Fromto	<u> </u>		
District Contact Person	Phone Number	Fa	x Number
School Mailing Address	School District		LEA Number
County ofday ofday of	State of Arkansas 20	Applicant's Signature	
Notary Public			