



# ARKANSAS STATE POLICE

ASP-122VOL  
(Eff. 10/01/2026)

## Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

Procedure for obtaining a Criminal History Check for:

**Adam Walsh Act – Public Law 109-248;  
Serve America Act – Public Law 111-13; or  
Other Volunteer – AR Code §12-12-1607**

1. If **only an Arkansas background check** is requested, include a properly completed **ASP 122VOL** request form and a check or money order in the amount of **\$10.00** made payable to the Arkansas State Police. **DO NOT SEND CASH.** A fingerprint card is NOT required. The results of the Arkansas background check will be sent to the person/entity as specified on this form.
2. If **both an Arkansas and an FBI check** are requested, include a properly completed **ASP 122VOL** request form and a check or money order in the amount of **\$23.00**, made payable to the Arkansas State Police. **DO NOT SEND CASH.** A payment confirmation page will be returned with the transaction number needed to then get live scan fingerprints. The fingerprints that are submitted will be used to check the Arkansas and FBI criminal history records. You will need to **file a list of criminal offenses with ASP ID Bureau for which a conviction would disqualify a person from volunteering with your agency/entity.** (*The detailed FBI results will not be released to a non-governmental volunteer agency.*)
3. Send properly completed request form, envelope, fingerprints (if FBI check is requested), and proper payment to:

**Arkansas State Police  
Identification Bureau  
1 State Police Plaza Drive  
Little Rock, AR 72209**

To contact the Arkansas State Police ID Bureau, you may call **501-618-8500**.

4. As an applicant who is the subject of a national fingerprint-based criminal history record check for employment, you have certain rights which are discussed below.
  - You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
  - If you have a criminal history record, the officials making a determination of your suitability for employment must provide you the opportunity to complete or challenge the accuracy of the information in the record.
  - The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
  - If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you employment based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the local agency that contributed the questioned criminal record information to the FBI.

Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the local agency that contributed the questioned criminal record information. At this time, the FBI will request the local agency to verify or correct the questioned criminal record information that is being challenged. Upon receipt of an official communication from that local agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34)



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- Select One: ☐ Adam Walsh Act - Public Law 109-248  
☐ Serve America Act - Public Law 111-13  
☐ Other Volunteer AR Code §12-12-1607

|                                                                          |         |                    |             |              |                  |
|--------------------------------------------------------------------------|---------|--------------------|-------------|--------------|------------------|
| Last Name                                                                |         | First Name         |             | Middle Name  | Jr./Sr./III      |
|                                                                          |         |                    |             |              | Daytime Phone #: |
| List <b>ALL</b> other names ever used (married, maiden, shortened, etc.) |         |                    |             |              |                  |
| Date of Birth:                                                           |         | State of Birth:    |             | Citizenship: |                  |
| (Month/Day/Year)                                                         |         |                    |             |              |                  |
| Sex:                                                                     | Race:   | Eye Color:         | Hair Color: |              |                  |
|                                                                          |         |                    |             |              |                  |
| Height:                                                                  | Weight: | Social Security #: |             |              |                  |
|                                                                          |         |                    |             |              |                  |
| Driver's License #:                                                      |         | (DL State)         |             |              |                  |
| Mailing Address:                                                         |         |                    |             |              |                  |
|                                                                          |         | Street/P.O. Box    |             |              |                  |
|                                                                          |         | City               |             | State        | Zip Code         |

### **APPLICANT RECORD NOTIFICATION**

**Notification:** Fingerprints submitted will be used to check the criminal history records of the FBI.

**Obtaining Copy:** Procedures for obtaining a copy of the FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR) Section 16.30 – 16.33 or on the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>

**Change, Correction, or Updating:** Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

**Privacy Act Statement:** (This privacy act statement is located on the back of the FD-258 fingerprint card.)

*Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.*

*Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.*

I give my consent for the Arkansas State Police to conduct an Arkansas (and if fingerprints are submitted, an FBI) criminal record search on myself and to release any results to the following person or entity:

|                              |                                                             |                  |              |
|------------------------------|-------------------------------------------------------------|------------------|--------------|
| Release to:                  |                                                             |                  | Phone Number |
|                              | (First/MI/Last Name) OR Full Name of Agency                 |                  |              |
| Email Address:               | (Email address for person/entity this is being released to) |                  |              |
| Mailing Address:             |                                                             |                  |              |
|                              | Street/P.O. Box                                             |                  |              |
|                              | City                                                        | State            | Zip Code     |
| Subject of Record Signature: |                                                             |                  | Date:        |
|                              | (First/MI/Last Name)                                        | (Month/Day/Year) |              |

**THIS PROPERLY COMPLETED FORM MUST BE NOTARIZED.**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**BELOW FOR OFFICE USE ONLY**

**Notary Public**

☐ 82002 Volunteer State Record Check (\$10.00) ☐ 80006 Volunteer FBI Record Check (\$2.00) ☐ 80019 Volunteer FBI Record Check (\$11.00)