FACILITY/LICENSE# _____

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION

Authorization for release of confidential information:

ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY

Note to users of this form: Please type or print all information! Illegible forms will not be processed! Fill out form completely. This form may be copied and shared.

RETURN THE ORIGINAL COMPLETED FORM TO: YOUR CHILD CARE LICENSING SPECIALIST

_____ FACILITY REQUESTING CHECK AND REPORT	_____ NAME OF LICENSING SPECIALIST REQUESTING THE CHECK
_____ MAILING ADDRESS	_____ TITLE COUNTY
_____ CITY STATE ZIP	_____ TELEPHONE NUMBER
_____ FACILITY DIRECTOR & TELEPHONE NUMBER	_____ DATE OF REQUEST

TO BE COMPLETED BY THE PERSON TO BE CHECKED

NAME OF PERSON TO BE CHECKED: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

MAIDEN NAME: _____ ALIASES: _____

DOB: (_____/_____/_____) SSN: _____-_____-_____
MONTH DATE YEAR

RACE: _____ SEX: (MALE/FEMALE) TELEPHONE NUMBER: (_____)_____

COMPLETE ADDRESS: _____
STREET CITY STATE ZIP

PLACE OF EMPLOYEMENT: _____

FULL NAME/AGE OF OWN CHILDREN	DOB	SOCIAL SECURITY NUMBER

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release all information their files may contain including the Prosecuting Attorney' s report, concerning the undersigned and any birth/legal children ages 10 through 17 who are now or have resided in my home of the undersigned. I also understand that the name of any confidential informants, or other information which does not pertain to me or my children, will not be released."

_____
SIGNATURE OF PERSON TO BE CHECKED DATE

COUNTY OF _____SS
STATE OF ARKANSAS
Acknowledge before me on this _____ day of _____
20 _____.
Notary Public _____
My Commission Expires: _____/_____/_____

DCC 316 R (2/04)

CONTINUED FROM THE FRONT SIDE:

LIST COMPLETE ADDRESSES YOU HAVE LIVED IN THE PAST SIX YEARS:

STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP