ONLY FOR ARKANSAS DEPARTMENT OF EDUCATION USE

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

By the Arkansas Child Maltreatment Central Registry

Applicant Instructions: Complete this form, have it notarized, and submit a preprinted check or a U.S. money order for $10.00 made payable to the Arkansas Department of Human Services. DO NOT SEND CASH OR A TEMPORARY CHECK-YOUR REQUEST WILL NOT BE PROCESSED. Make and keep a copy of this form for your records.

INCOMPLETE OR UNNOTARIZED FORMS WILL NOT BE PROCESSED BY THE CENTRAL REGISTRY OR THE ADE!

Mail this form to and the fee payment to: Arkansas Child Maltreatment Central Registry
P.O. Box 1437, Slot S 566
Little Rock, Arkansas 72203

Applicant- Check Only One:
☐ Licensed Teacher
☐ Non-licensed/Classified

Applicant's full name (print or type): _____
First Middle Last

List ALL other names used: _____

Applicant's Social Security Number: _____- _____- _____

Applicant's Birth Date (Day/Month/Year): _____ Age: _____ Race/ethnicity: _____ Gender: ____

Applicant's mailing address: _____ Physical Address: _____
Street or P.O. Box Street

_____ _____
City State Zip Code City State Zip Code

Applicant's phone number : _____ (home) _____(cell)_____(other)

List the full name and date of birth (Day/Month/Year) for **all** of the applicant's children, attach additional paper if necessary:

1. Child's Full Name: Child's Date of Birth:
2. Child's Full Name: Child's Date of Birth:
3. Child's Full Name: Child's Date of Birth:

I hereby request that the Arkansas Child Maltreatment Central Registry release any information their files may contain indicating the undersigned applicant as an offender of a true report of child maltreatment to the **ARKANSAS DEPARTMENT OF EDUCATION**. **By signing below, I swear or affirm that the foregoing statements are true to the best of my knowledge and belief under penalty of perjury.**

Applicant's Signature: _____ Date _____

State of Arkansas County of _____

On this the _____ day of _____, 20___, before me, _____(name of notary), the undersigned notary, personally appeared _____(**applicant's name**) known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary Public:_____ My Commission Expires: _____

(APPLICANTS DO NOT WRITE BELOW THIS LINE)

Dr. Audrey Bowser, Director	(870) 972-2099	(870) 972-3422
School/District Contact Person	District Phone Number	District Fax
ASU Professional Education Programs Office PO Box 720, State University, AR 72467	Arkansas State University	N/A
School Mailing Address	School District	LEA Number

ADE Form Effective Date (01/15/13)