

**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

ASU Child Development Center
 FACILITY REQUESTING CHECK AND REPORT
PO BOX 808
 Mailing address
State University, AR 72467
 City State ZIP
Jennifer Ray
 Facility Director & Telephone Number

Belinda Ciganek
 NAME OF LICENSING SPECIALIST REQUESTING THE CHECK
CCCS Craighead
 TITLE COUNTY
(870) 972-1732 ext. 1235
 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: ____ - ____ - ____

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

COMPLETE ADDRESS: _____
 STREET CITY STATE ZIP

PLACE OF EMPLOYMENT: _____

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: _____ / _____ / _____

Instructions for Completing the Maltreatment Form

Read Carefully!

1. You may have already completed the *Maltreatment Form* if you took ECH 2013 Survey of Early Childhood Education or ECH 2023 Child Development at ASU-Jonesboro. If so, you do not need to complete it again. If you did not complete the form for either of these classes, you must complete it as part of your admission to the program.
2. Once the form is completed, **you must have the form notarized**. Many banks offer this service free for their customers. (Darlene Etter in ED #343 will notarize these forms for free from 9:30-1:00.)
3. Make a check out or Money Order to “**Arkansas Department of Human Services**” and paper clip it to the form, (do not staple). Checks must be pre-printed checks on established checking accounts. They cannot be the first check numbers on the account (i.e. check #101). No cash will be accepted. Money orders are acceptable.
4. **Do NOT mail** this check and form to any office. You must submit it with your screening packet or turn it in through your instructor to Mrs. Vicki Stark in ED #345.