



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. 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, 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 CASA.

**Please make sure all information is legible. All forms that are illegible will be returned.
(PLEASE DO NOT ATTACH ANY STAPLES TO THIS FORM)**

This information should be addressed to:

CASA of the 2nd Judicial District
511 E. Union Suite 327
Jonesboro, AR 72401

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.

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Race Age DOB

Child's Full Name, DOB, and Social Security #

Child's Full Name, DOB, and Social Security #

Child's Full Name, DOB, and Social Security#

Child's Full Name, DOB, and Social Security #

(Please provide the last ten (10) years)

Present Address:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Applicant's Signature

County of _____ State of Arkansas Acknowledges before me this _____ day of
_____ 200____. My commission expires: _____

Notary Public

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern: I hereby authorize CASA 2nd Judicial District to conduct an investigation on my background in conjunction with the program guidelines.

I further authorize the Arkansas State police to conduct a criminal records check and to release the results of said criminal records check to CASA 2nd Judicial District.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

SIGNATURE

DATE

FULL NAME

PREVIOUS NAMES (MAIDEN, ETC)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

CURRENT ADDRESS

PREVIOUS ADDRESS(ES) FOR THE PAST FIVE (5) YEARS

1. _____
2. _____
3. _____
4. _____
5. _____

82004 State Record Check

82005 State Record Check