

AGENCY LICENSE# \_\_\_\_\_

**"AGENCY NUMBER: 0710"**

**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION  
PLACEMENT AND RESIDENTIAL LICENSING UNIT**

Authorization for release of confidential information:  
**ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY**

**Mail completed form and \$10 check or money order made out to DHS to:  
Central Registry - P.O. Box 1437, Slot S566 Little Rock, AR 72203**

**SEND A COPY OF THE RESULTS CONTAINING TRUE REPORTS TO:**

**PLACEMENT AND RESIDENTIAL LICENSING UNIT Kathy MacKay 2017 E. Race Ave. Searcy, AR 72143 #501-268-2714**

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.

\_\_\_\_\_  
AGENCY REQUESTING CHECK AND REPORT

\_\_\_\_\_  
DATE OF REQUEST

\_\_\_\_\_  
AGENCY DIRECTOR

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**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 EMPLOYMENT: \_\_\_\_\_

<b>FULL NAME OF OWN CHILDREN</b>	<b>DOB/AGE</b>	<b>SOCIAL SECURITY NUMBER</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release to the above requesting agency and to the ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION, PLACEMENT AND RESIDENTIAL LICENSING UNIT, the results from the Arkansas Child Maltreatment Central Registry to include the existence of any true reports, the date the investigation was completed, and the type of true report.

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

STATE OF ARKANSAS

Acknowledge before me on this \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON TO BE CHECKED

\_\_\_\_\_  
DATE

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**CONTINUED FROM THE FRONT SIDE:**

ADDITIONAL ADDRESSES FOR PAST SIX YEARS: START WITH MOST RECENT OTHER THAN PRESENT ADDRESS AND CONTINUE IN THE SAME ORDER

STREET ADDRESS/APT #	CITY	STATE	ZIP CODE
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

DRAFT