

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 the Department of Human Services. **We are unable to accept cash.** If you feel that you should not have to pay this fee, please provide us with your proof of 501C3. **Please allow 7-10 business days for processing.**

This information should be addressed to:

(Please include a contact person's name and phone number.)

Name of Person Making the Request: _____

Company Name: NDDHHS, Criminal Background Check Unit

Address 600 E. Boulevard Ave. Dept. 325 Bismarck, ND 58505-0250

(Include Post Office Box and Street Address)

Telephone Number: (701) 328-7575

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

Full Name and DOB children

Race Age and DOB

Full Name and DOB children

Present Address:

Full Name and DOB children

From _____ to _____

Full Name and DOB children

Past address:

From _____ to _____

Applicant's Signature

County of _____ State of North Dakota, Acknowledges before me this _____ day of

_____ 20 _____.

Notary Public

(SEAL)