

Authorization for Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry

For the purpose(s) of Arkansas Child Maltreatment Central Registry status only, I, the listed applicant, hereby request that the Arkansas Child Maltreatment Central Registry, Slot S 566, PO Box 1437, Little Rock, Arkansas 72203, release to the listed requestor any information permitted by Arkansas Statute their files may contain indicating the undersigned applicant as an offender of a true report of child maltreatment.

Arkansas law permits Central Registry to charge a fee for child maltreatment background checks, and other information. 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 or temporary checks.** If you feel that you should not have to pay this fee, please provide us with your proof or 501C3. **Please allow thirty (30) days for processing. Please make sure all information is legible. All forms that are illegible will be returned.**

This information/result(s) should be addressed to:

Name of Person Making the Request: Laila Stene - Central Registry

Company Name: Arizona Department of Economic Security – Child Care Administration

Mailing Address: P.O. Box 6123 MD 54F2, Phoenix, AZ 85005 (mailing address)

1789 W. Jefferson St. 2nd Fl. MD 54F2, Phoenix, AZ 85007 (physical address)

Telephone Number: (602) 245-245-5654 **Fax Number:** (602) 542-8436

Pursuant to Arkansas Statutes, I understand that the name of any confidential informants, information not permitted by Arkansas Statute, or other information which does not pertain to the applicant as alleged perpetrator, will not be released, and that any released information is confidential and may not be re-disclosed to any person, except as specifically permitted by law (See A.C.A. §12-18-909).

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Race Age DOB

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

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

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

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

(Please provide the last ten (10) years)

Present Address:

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

Notary Seal