

ONLY FOR ARKANSAS DEPARTMENT OF EDUCATION USE  
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

By the Arkansas Child Maltreatment Central Registry

Applicant Instructions: Complete this form, have it notarized, and submit a preprinted check or a U.S. money order for \$10.00 made payable to the Arkansas Department of Human Services. DO NOT SEND CASH OR A TEMPORARY CHECK-YOUR REQUEST WILL NOT BE PROCESSED. Make and keep a copy of this form for your records.

INCOMPLETE OR UNNOTARIZED FORMS WILL NOT BE PROCESSED BY THE CENTRAL REGISTRY OR THE ADE!

Mail this form to and the fee payment to: Arkansas Child Maltreatment Central Registry  
P.O. Box 1437, Slot S 566  
Little Rock, Arkansas 72203

Applicant- Check Only One:  
 Licensed Teacher  
 Non-licensed/Classified

Applicant's full name (print or type):  
First Middle Last

List ALL other names used: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Applicant's Birth Date (Day/Month/Year): \_\_\_\_\_ Age: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
Street or P.O. Box Street  
City State Zip Code City State Zip Code

Applicant's phone number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other)

List the full name and date of birth (Day/Month/Year) for all of the applicant's children, attach additional paper if necessary:

- 1. Child's Full Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_
- 2. Child's Full Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_
- 3. Child's Full Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

I hereby request that the Arkansas Child Maltreatment Central Registry release any information their files may contain indicating the undersigned applicant as an offender of a true report of child maltreatment to the ARKANSAS DEPARTMENT OF EDUCATION. By signing below, I swear or affirm that the foregoing statements are true to the best of my knowledge and belief under penalty of perjury.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

State of Arkansas County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_ (name of notary), the undersigned notary, personally appeared \_\_\_\_\_ (applicant's name) known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

(APPLICANTS DO NOT WRITE BELOW THIS LINE)

Dr. Kathy Berryhill 501-728-4511 501-728-4514  
School/District Contact Person District Phone Number District Fax  
1100 Short Street Pangburn 7309  
School Mailing Address Pangburn, AR School District LEA Number  
72121