

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION**

Authorization for release of confidential information:

ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY

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.

RETURN THE ORIGINAL COMPLETED FORM TO: YOUR CHILD CARE LICENSING SPECIALIST

<p align="center">FACILITY REQUESTING CHECK AND REPORT</p> <p>Ozark Opportunities, Inc. P.O. Box 1400 Harrison, AR 72602-1400</p> <p align="center">Jane Bueg, COO 870-741-9406 x233</p> <p align="right">IP _____</p>	<p align="center">NAME OF LICENSING SPECIALIST REQUESTING THE CHECK</p> <p align="center">TITLE _____ COUNTY _____</p> <p align="center">TELEPHONE NUMBER _____</p> <p align="center">DATE OF REQUEST _____</p>
<p align="center">FACILITY DIRECTOR & TELEPHONE NUMBER _____</p>	

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 EMPLOYEMENT: _____

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

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release all information their files may contain including the Prosecuting Attorney's report, concerning the undersigned and any birth/legal children ages 10 through 17 who are now or have resided in my home of the undersigned. I also understand that the name of any confidential informants, or other information which does not pertain to me or my children, will not be released."

SIGNATURE OF PERSON TO BE CHECKED _____ DATE _____

COUNTY OF _____ SS _____
 STATE OF ARKANSAS

Acknowledge before me on this _____ day of _____
 20 _____

Notary Public _____

My Commission Expires: _____ / _____ / _____

CONTINUED FROM THE FRONT SIDE:

LIST COMPLETE ADDRESSES YOU HAVE LIVED IN THE PAST SIX YEARS:

Street Address	City	State	Zip
Street Address	City	State	Zip
Street Address	City	State	Zip
Street Address	City	State	Zip
Street Address	City	State	Zip
Street Address	City	State	Zip