

I hereby request that the Arkansas Child Maltreatment Central Registry release any information their files may contain including the undersigned individual as an alleged perpetrator of suspected child abuse/neglect. This information should be Addressed to: **Anne Sortor, Interim Assistant Director - 4-H Youth Development, Arkansas Cooperative Extension Service, 2301 South University Avenue, Little Rock, AR 72204.**

I understand that the name of any confidential informants, or other information which does not pertain to the individual as alleged perpetrator, will not be released.

PLEASE TYPE OR PRINT

Last Name _____ First Name _____ Middle Name _____

Maiden Name, Aliases, and any other name(s) you have used _____

Date of Birth _____ Race _____ Female Male

SSN# _____ County of Residence: _____

Volunteer in _____ County OR Extension Employee Work Location: _____

	Addresses for last 10 years.	From	To Present
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Names and Birth Dates (DOB) of Children

Last Name _____	First Name _____	DOB _____
Last Name _____	First Name _____	DOB _____
Last Name _____	First Name _____	DOB _____
Last Name _____	First Name _____	DOB _____
Last Name _____	First Name _____	DOB _____

Signature _____

County Of _____ State of Arkansas

Acknowledged before me this _____ Day of _____ 20____

Notary Public _____

My Commission Expires _____