

**ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION**  
**501 WOODLANE, SUITE 312 SOUTH**  
**LITTLE ROCK, AR 72201**  
**PHONE (501) 683-8000**  
**FAX (501) 683-8050**  
**E-MAIL sbpce@arkansas.gov**  
**WEBSITE [www.sbpce.org](http://www.sbpce.org)**

**BOARD USE ONLY**  
**APP Processed by \_\_\_\_\_**  
**APP Reviewed by \_\_\_\_\_**

**Form 6050 – ARKANSAS STATE POLICE IDENTIFICATION  
 BUREAU INDIVIDUAL RECORD CHECK FORM**

**Attach Appropriate Fees**

Enclose a check or money order for \$19.25 made payable to the Arkansas State Police (ASP).

Enclose a 2<sup>nd</sup> check or money order in the amount of \$22 made payable to Information Network of Arkansas (INA).

**(Lines will expand as needed)**

FULL NAME

FIRST	MIDDLE	LAST	MAIDEN/OTHER
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Date of Birth-Month/Day/Year	State of Birth	Race	Sex
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Social Security Number	Drivers License Number	State
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Mailing Address (Street)	City	State	Zip
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Daytime Phone Number	
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**I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE AND THE FBI TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION, 501 WOODLANE, SUITE 312 SOUTH, LITTLE ROCK, AR 72201.**

SIGNATURE	(First/MI/Last Name)	Date-Month/Day/Year
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**(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)**

STATE OF \_\_\_\_\_  
 §  
 COUNTY OF \_\_\_\_\_

Subscribed and sworn before me, a Notary Public, in and for the county and state

Aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Notary Public

**SBPCE USE ONLY** SCHOOL NAME \_\_\_\_\_

ADMISSIONS REPRESENTATIVE \_\_\_\_\_ SCHOOL OWNER \_\_\_\_\_

Date ASP Processed \_\_\_\_\_ By \_\_\_\_\_ ASP ID Number \_\_\_\_\_

Date FBI Sent to ASP \_\_\_\_\_ Date FBI Returned From ASP \_\_\_\_\_