For Use by Incarcerated Individuals Only

Provide ADC Number: _____

Authorization for Review of Criminal History Information

*Arkansas law (A.C.A. § 12-12-1013) provides that a person, upon positive verification of his or her identity, may review criminal history information compiled, maintained and accessible through the Arkansas Crime Information Center. A criminal history record may only be reviewed by the subject, the subject's attorney or other person authorized in writing by the subject. To initiate such a review, this form should be completed and returned to the **Arkansas Crime Information Center, Criminal History Division, 322 S. Main Street, Ste. 615, Little Rock, AR 72201**, or faxed to 501-682-2269.*

I, _____ do hereby authorize the ACIC to
(Type or Clearly Print **Full** Name of Requesting Party – First, Middle, and Last names)

review and discuss with me any records pertaining to me that may exist in the state or national criminal history record systems. Or, my records may be discussed with the following person specifically authorized to be my representative: _____ _____
(Type or Print Name of Designee) (Phone Number)

Date of Birth: _____ Race: _____

Sex: _____

Social Security Number _____
*(SSN is voluntary, but is helpful for identification)

Please list all previous names used:
_____

_____

Please mail a copy of the record to the following address:

_____
(Name of Requesting Party or Designee)

_____
(Address)

_____
(City) (State) (Zip)

*****COMPLETE IN PRESENCE OF NOTARY*****

_____ _____ _____
(**Signature of Requesting Party**) (Date) (Phone Number)

NOTARY SECTION ONLY

Acknowledgement and Verification:

The above requesting party, known by me to be the person identified, did appear before me this _____ day of _____, 20____, to sign and execute this request.

SEAL

_____
(Signature of Notary Public)

_____ _____
(County) (Expiration of Commission)

Form Revised 10/20/2026

Only this original form will be processed by this agency.