

CMCR FORM 2024

Applicant MUST mail this form directly to

Arkansas District Assemblies of God, 10924 Interstate 30, Little Rock, AR 72209

Authorization for Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry

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 true report of child maltreatment.

For CMCR Office Only - This information should be addressed to:

Arkansas District Council of the Assemblies of God, Inc.

10924 I-30, Little Rock, AR 72209

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

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Applicant's Email Address

Race Age/DOB

Full Name/DOB children

Present Address:

Full Name/DOB children

From _____ to _____

Past address:

Has the applicant lived out of state in the past 5 years? _____

From _____ to _____

Applicant's Signature

From _____ to _____

From _____ to _____

County of _____ State of Arkansas
Acknowledges before me this _____ day of _____ 20____.
My commission expires: _____

**Notary Public
(REQUIRED)**