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. This form may be copied and shared.

(Return the original completed form to: your child care licensing specialist)

<table>
<thead>
<tr>
<th>MID-DELTA COMMUNITY SERVICES, INC.</th>
<th>DOROTHY HILL-WILLIAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACILITY REQUESTING REPORT</td>
<td>NAME OF LICENSING SPECIALIST REQUESTING THE CHECK</td>
</tr>
<tr>
<td>P O BOX 745</td>
<td>CCLS</td>
</tr>
<tr>
<td>MAILING ADDRESS</td>
<td>ST. FRANCIS</td>
</tr>
<tr>
<td>HELENA AR 72342</td>
<td>Title</td>
</tr>
<tr>
<td>CITY</td>
<td>County</td>
</tr>
<tr>
<td>STATE</td>
<td>870-633-1242 EXT 175</td>
</tr>
<tr>
<td>ZIP</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>BOBBIE SALTER (870) 338-6406</td>
<td>Date of Request</td>
</tr>
<tr>
<td>FACILITY DIRECTOR &amp; TELEPHONE NUMBER</td>
<td></td>
</tr>
</tbody>
</table>

To be completed by the person to be checked

Name of person to be checked: ________________________________

Maiden name: ________________________________

Aliases: ________________________________

DOB: __________/__________/__________

SSN: __________-__________-__________

Race: ________________________________

Sex: Male / Female __________

Telephone number: ________________________________

Complete address: _______________________________________________________________________

Place of employment: _____________________________________________________________________

Full name/age of own children

DOB: __________/__________/__________

Social security number: ________________________________

Signature of person to be checked ________________________________

Date: ________________________________

County of PHILLIPS SS

State of ARKANSAS

Acknowledge before me on this __________ day of ____________________ 20_____.

Notary Public ________________________________

My commission expires ________________________________

DCC 316 R (2/4) Complete back page if applicable.