

Arkansas Division of Higher Education

101 E. Capitol Avenue, Suite 300 • Little Rock, Arkansas • 72201 • (501) 371-2000 • Fax (501) 371-2008

FORM 5020 ADMISSIONS REPRESENTATIVE RENEWAL APPLICATION

The fee is \$375 plus the background check cost.

FULL NAME	
ADDRESS (HOME)	
WORK PHONE NUMBER	
NAME OF SCHOOL	
ADDRESS (MAILING)	
DATE EMPLOYED	

In accordance with Arkansas Code Annotated § 6-51-609 (d):

An applicant for an Admissions Representative's license must:

Be at least eighteen (18) years of age;

Be a high school graduate or hold a graduate equivalent degree;

Not have been convicted in any jurisdiction of a felony, theft of property, or a crime involving an act of violence for which a pardon has not been granted;

Be a citizen of the United States;

Not have been discharged from the United States Armed Forces under other than honorable conditions; and

Be in compliance with any other reasonable qualifications that the Division of Higher Education may fix by rule.

In order to process this application, please send the following items:

One Passport photograph (sized 2" x 2").

The fee is \$375 for a three-year license.

Please contact ADHE to initiate the background check.

STATEMENT OF COMPLIANCE

Under penalty of perjury, I declare and affirm that the statements made on this form, including any attached sheets, are true, complete and accurate.

Printed Name of Official		Title	
Signature of Official		Date	

Printed Name of Admissions Representative		Title	
Signature of Admissions Representative		Date	