

C R I M I N A L H I S T O R Y I N F O R M A T I O N R E L E A S E F O R M
ABI-46 (Revised 3-24-03)

MAIL REQUEST TO:

ALABAMA BUREAU OF INVESTIGATION
 IDENTIFICATION UNIT – RECORD CHECKS
 P O BOX 1511
 MONTGOMERY, AL 36102-1511

SECTION 1.Type or print legibly**(*) Required Information**_____
Last Name*_____
First Name*_____
Middle Name_____
All other names used*_____
Address*_____
City*_____
State*_____
Zip Code*

MM* / DD* / YYYY*

Social Security Number*_____
Race*_____
Sex***SECTION 1.A.****AFFIDAVIT FOR RELEASE OF INFORMATION**

I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Department of Public Safety/ABI and its officers and agents from any and all claims, actions, or causes of action, which may arise as a consequence of the release of the criminal history information.

I certify that I have read this release and that I understand the significance of the same and in witness thereof I have voluntarily signed my name on this the _____ day of _____, 20____.

Signature of Applicant *_____
Name of Witness (1)_____
Name of Witness (2)_____
Address of Witness_____
Address of Witness_____
City State Zip Code_____
City State Zip Code

Sworn to and subscribed before me on this _____ day of _____, 20____.

Signature of Notary Public**SECTION 2.**

I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of Public Safety/ABI to release any and all criminal history information to,

* Name & * Address of Receiving Agency, Applicant or Authorized Agent_____
* Signature & * Social Security Number of Applicant or Person to receive results_____
Date