FOR ABI USE ONLY

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CRIMINAL HISTORY INFORMATION RELEASE FORM

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____.

_____ My Commission Expires_____, 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,

Alabama State Banking Department; P.O. Box 4600; Montgomery, AL 36103-4600
* Name & * Address of Receiving Agency, Applicant or Authorized Agent

_____ _____
* Signature & * Social Security Number of Applicant or Person to receive results Date