

**\* \$44.25 Fee Required \***  
**Criminal History Information Release Form**

<b>Mail Request To:</b>	
Send Money Order, Cashier's Check or Certified check payable to:	Alabama Bureau of Investigation Identification Unit P.O. Box 1511 Montgomery, Alabama 36102-1511
Mail Release Form and Fingerprint Cards to:	Alabama Dept. of Human Resources Office of Criminal History Checks P.O. Box 304000 Montgomery, Alabama 36130-4000 (334) 353-5516
Send Copy of this Form and the Mandatory Criminal History Notice To:	

**SECTION 1.**

<i>Type or print legibly</i>		(*) REQUIRED INFORMATION
<b>*Social Security Number:</b>		
<b>First Name:</b>	<b>Middle:</b>	<b>Last:</b>
<b>*All Other Names Used:</b>		<b>Phone #:</b>
<b>*Address:</b>		
<b>*City:</b>	<b>*State:</b>	<b>*Zip Code:</b>
<b>*Date of Birth:</b>	<b>*Race:</b>	<b>*Sex:</b>

**SECTION 1.A.**

Applying For: (Check One)	Employment	Home Study	Household Members	License/Approval	Therapeutic Programs	Volunteer Work
	<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Child Placement Agency <input type="checkbox"/> Day Care Center <input type="checkbox"/> DHR <input type="checkbox"/> DHR Other <input type="checkbox"/> Elder Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Health Services <input type="checkbox"/> Home Day Care <input type="checkbox"/> Preventive Services <input type="checkbox"/> Residential Care Agency <input type="checkbox"/> Other	<input type="checkbox"/> DHR Adoption <input type="checkbox"/> ICPC <input type="checkbox"/> Private Adoption <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	<input type="checkbox"/> DHR Adoption <input type="checkbox"/> Foster Care <input type="checkbox"/> Home Day Care <input type="checkbox"/> Private Adoption <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	<input type="checkbox"/> DHR Adoption <input type="checkbox"/> Foster Care <input type="checkbox"/> Home Day Care <input type="checkbox"/> Private Adoption <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Day Care Center <input type="checkbox"/> Elder Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Home Day Care <input type="checkbox"/> Other	<input type="checkbox"/> Foster Care <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other

**SECTION 1.B.**

**Affidavit For Release of Information**

I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Department of Human Resources 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 am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of Human Resources to release any and all 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Signature:** \_\_\_\_\_

**\*NOTE\*** This document must be witnessed by two persons or notarized by a Public.

_____ Name of Witness #1	_____ Name of Witness #2
_____ Address of Witness #1	_____ Address of Witness #2
_____ City, State Zip	_____ City, State Zip Code

**Fingerprint Technician:**

\_\_\_\_ Fingerprint Card Issued  
 \_\_\_\_ Electronic Transmission To DPS

**OR**

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION 2.**

_____ Name of Requesting Agency	_____ DHR Contract # (if avail.)	_____ Phone Number
_____ Address of Requesting Agency		_____ Date