ABI – 46 - Criminal History Release Form

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY INFORMATION RELEASE FORM

Section 1 – APPLICANT INFORMATION

Enter last name, first name, middle name and any other names used (including maiden name, surname and any aliases).

Enter address, city, state and zip code, date of birth (MM/DD/YYYY), Social Security number, race and sex for whom the criminal history record is being conducted on.

The codes for race are as follows:

Asian	(A)	Indian	(I)
Black	(B)	White	(W)
Hispanic	(H)	Other	(O)

Section 2- AFFIDAVIT FOR RELEASE OF INFORMATION

Enter name, **COMPLETE** mailing address, Agency or person to receive results. **(THIS INCLUDES THE PERSON REQUESTING THEIR OWN RECORD)**

Affidavit **MUST** be signed by **APPLICANT** and be **WITNESSED** by two (2) individuals **OR NOTARIZED**.

A $25.00 payment MUST be made by Money Order or Certified Check for each individual and must be included with ABI – 46. Please make payable to the Alabama Bureau of Investigation.

PERSONAL CHECKS WILL NOT BE ACCEPTED

For Immigration or Fingerprint based background checks, please contact the ABI – Identification Unit at (334)353-4340 for further information.

Incomplete information will result in form being returned

(*) Indicates required information

CRIMINAL HISTORY INFORMATION RELEASE FORM
ABI – 46 (Revised 11/02/11)

For ABI Use Only: _____

_____

Mail Request To:

Alabama Bureau of Investigation
Identification Unit – Record Check Unit
PO Box 1511
Montgomery, AL 36102-1511

Section 1 – Applicant Information

TYPE or PRINT LEGIBLY (*) Required Information

_____
Last Name* First Name* Middle Name*

_____
All Other Names Used*

_____
Address City AL Zip Code

_____ _____ _____ _____ _____
DOB (mm/dd/yyyy)* SS#* Race* Sex* Telephone*

Section 2 - AFFIDAVIT FOR RELEASE OF INFORMATION

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 Requesting Agency or Authorized Agent*

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 _____day of _____ 20___.

_____
Signature of Applicant*

_____ _____
Name of Witness Name of Witness

_____ _____
Address of Witness Address of Witness

_____ _____
City, State and Zip City, State and Zip

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

_____ My Commission Expires _____, 20_____.
Signature of Notary

Reset Print