

**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\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public My Commission Expires \_\_\_\_\_, 20\_\_\_\_**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