

CRIMINAL HISTORY INFORMATION RELEASE FORM

ABI-46 (Revised 12-5-07)

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***Date of Birth****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,

Board of Examiners of Assisted Living Administrators 5921 Carmichael Rd. Montgomery, AL 36117

* Name & Address of Requesting Agency, Applicant or Authorized Agent

Ms. Amy Findley

* Signature of Person to receive results

Date