

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY INFORMATION RELEASE FORM

Use the ABI-46 form to request all criminal background checks on individuals.

Make payment by: Certified Check, Money Order, or Business Check for **\$25.00** for each individual.

For fingerprint based record checks and F.B.I. checks, contact the Record Checks Section at (334) 353-7800.

Payable to: **Alabama Bureau of Investigation**
Personal Checks are not accepted.

Detach these instructions before submitting request to ABI.

SECTION 1.

Last Name, First Name, Middle Name, and any other names used, meaning maiden name, surname, or alias name, Address, City, State, Zip Code on which the criminal history check is to be conducted.

Date of Birth (MM/DD/YYYY), Social Security Number, Race, Sex on which the criminal history check is to be conducted, Telephone (including Area Code).

Use these codes for race:

(A) – Asian, includes Pacific Islander, Chinese, Japanese, Polynesian, Korean and Vietnamese.

(B) – Black, includes Negro, Colored and Afro-American.

(H) – Hispanic, includes Mexican, Latin, Puerto Rican, Cuban, Central/South American and other Spanish Culture or origin.

(I) – American Indian, includes Alaskan native and Eskimo.

(O) – Other, includes numeric abbreviated phrases (i.e., 1, 2, 3 etc.), “C”, “Unk” and all other phrases not listed.

(W) – White, includes Caucasian.

SECTION 1.A.

Affidavit must be signed by applicant in order for criminal history check to be processed.

The *signature* must be notarized **or** witnessed by two individuals.

SECTION 2.

Name, complete mailing address, signature & social security number of the person who will **receive** the processed criminal history information and be responsible for its security.

(*) Required Information

FOR ABI USE ONLY

CRIMINAL HISTORY INFORMATION RELEASE FORM
ABI-46 (Revised 04-15-03)

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*

Telephone*

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 Requesting Agency, Applicant or Authorized Agent*

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

Date