

**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 cashier's check for **\$25.00** for each individual.

Checks must be made payable to: **Alabama Bureau of Investigation**  
**Personal checks are not accepted.**

For fingerprint-based record checks and FBI checks, contact the ABI Record Checks Section at  
(334) 353-4340.

Detach these instructions before submitting request to ABI.

**Section 1.B**

Enter last name, first name, middle name, and any other names used (meaning maiden name, surname or any aliases), address, city, state, and zip code for individual on whom the criminal history check is to be conducted.

Enter date of birth (MM/DD/YYYY), Social Security number, race and sex for individual on whom the criminal history check is to be conducted.

**Use these codes for race:**

**(A) – Asian**

**(B) – Black**

**(H) – Hispanic**

**(I) – American Indian**

**(O) – Other**

**(W) – White**

**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**

Enter name, complete mailing address, signature and Social Security number of the individual who will **receive** the processed criminal history information and be responsible for its security.

**(\*) indicates required information.**

FOR ABI USE ONLY

**CRIMINAL HISTORY INFORMATION RELEASE FORM**  
**ABI-46 (Revised 04-15-08)**

**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

\_\_\_\_\_  
Date of Birth\* (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