ALABAMA LAW ENFORCEMENT AGEN	NCY		STAL IBALE
APPLICATION TO REVIEW ALA	BAMA CRIMINAL HISTO	DRY RECORD INFORMAT	ΓΙΟΝ
PERSONAL INFORMATION			RANDROFMENT VE
Full Name (First, Middle, Last, Suffix):		Sex/Genc	Jer: Male Female
Aliases/Nickname:			
Applicant Current Address:			
City:			
Date of Birth:(/	MM/DD/YYYY) Driver's License N	umber: l	ssuing State:
Race: White Black Asian	Indian Other (please s	specify)	
Home Phone: ()N	Nobile Phone: ()	Work Phone: ()
WORK INFORMATION			
Employer Name:		_ Employer Phone: ()	
Contractor Name:		_ Contractor Phone: ()	
State Agency:		_ Agency Phone: ()	
Work Email Address:			
Job Role/Classification:	Supervisor	Name:	
Included with my Release are the foll Completed Application signed by	-	notarized.	

- □ The required copy of my valid photo identification.
- □ A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- □ If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature	Date			
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 this day of, 20,				
Notary Signature	My Commission Expires, 20			
FOR ALEA OFFICIAL USE ONLY: TCN: SID: Received By (Initials): /Date: / Processed By (initials) Walk-in/Hand Delivered Mailed Status: Initial	:/Date:// Check#: Background Check Qty: Total: \$			

FBI PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicted on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associate information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

APPLICATION NOTIFICATION AND RECORD CHALLENGE

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at https://www.fbi.gov/about-us/cjis/background-checks.