



FOR ABI USE ONLY

BACKGROUND INFORMATION RELEASE FORM

ABI-46 (Revised 8-31-2009)

MAIL OR FAX THIS RELEASE FORM TO: Ken Hollingsworth
Mentor Alabama/Alabama Department of Economic and Community Affairs (ADECA)
401 Adams Ave.
MONTGOMERY, AL 36104 FAX 334-242-5624

SECTION 1.

Type or print legibly

(*) Required Information

Last Name*	First Name*	Middle Name*	
All other names used*			
Address	City	State	Zip Code
DOB / /	Social Security Number*	Race*	Sex*
MM* DD* YYYY*			Place 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/FBI, and their 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 this the _____ day of _____, 20_____.

*Signature of Applicant**

I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of Public Safety/ABI/FBI to release a determination/recommendation based on criteria provided by ADECA to:

Alabama Department of Economic & Community Affairs
 401 Adams Avenue
 Montgomery, AL 36104

*Signature of Applicant**

Mentoring Program _____

Name of Witness (1)	Name of Witness (2)
Address of Witness	Address of Witness
City State Zip Code	City State Zip Code

OR

Sworn to and subscribed before me on this _____ day of _____, 20_____.

My commission Expires _____, 20_____

Signature of Notary Public

Signature of Person to Receive Determination: **Ken Hollingsworth** _____