MENTOR ALABAMA

FOR ABI USE ONLY
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BACK GROUND INFORMATION RELEASE FORM

ABI-46 (Revised 7-23-2008)

MAIL OR FAX THIS RELEASE FORM TO: Zoa White
Mentor Alabama/Alabama Department of Economic & Community Affairs (ADECA)
401 Adams Ave
MONTGOMERY, AL 36104 FAX 334-353-3955

SECTION 1.

Type or print legibly **(*) Required Information**

Last Name* First Name* Middle Name*

All other names used*

Address City State Zip Code

DOB____/____/_____ _____ _____ ____ _____
MM* DD* YYYY* Social Security Number* Race* Sex* 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, 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 on 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 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) -OR-

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_____

Signature of Person to Receive Determination *Zoa White*