



**ALABAMA LAW ENFORCEMENT AGENCY**  
**Authorization to Release Criminal History**  
**Record Information and Release of Liability**

I, the undersigned, hereby authorize the ALEA Records and Identification Division (RID) to release to my attorney,

(name) \_\_\_\_\_,

(address) \_\_\_\_\_,

(phone)(\_\_\_\_\_) \_\_\_\_\_,

information which shall include but not be limited to, my entire criminal history record, any information relative to my criminal history, and the details of my background check for the purpose of future expungement request(s) pursuant to Alabama Code § 15-27-1 et seq. (1975). In addition, I authorize the ALEA RID to discuss any information regarding procedures for updating or correction of its records, as appropriate, as permitted by law and policy. This may include requests from the ALEA RID to my attorney for information, clarification of information, and/or submission of additional documentation on my behalf. **NOTE: The reference to “my attorney” in this document includes not only the individual lawyer named above but also any other attorney, paralegal, co-worker, or employee with whom he or she presently is professionally associated and who adequately establishes that association to the ALEA RID.**

I further release ALEA and the ALEA RID from any and all liability of any kind for releasing any and all information as described and agree to indemnify and hold ALEA and the ALEA RID harmless for any damages or injury which might result directly or indirectly from the release of same.

The foregoing authorization shall continue in full force and effect until revoked by me in writing. A photocopy of this authorization shall be considered the same as the original.

**Full Name** (First, Middle, Last, Suffix): \_\_\_\_\_

**Applicant Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Alias or Nickname(s):** \_\_\_\_\_ **Sex/Gender:**  Male  Female

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ (month/date/year)

**Race:**  White  Black  Asian  Indian  Other (please specify) \_\_\_\_\_

**Current Driver’s License Number:** \_\_\_\_\_ **Issuing State:** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Notary Signature** \_\_\_\_\_ **My Commission Expires** \_\_\_\_\_, 20\_\_\_\_\_.