

# FOR OFFICIAL USE ONLY

## ALABAMA

### REQUIRED FORMS

- Alabama Request Form – “Application to Review Alabama Criminal History Record Information”
- Copy of 1 form of Subject’s valid unexpired photo identification
- Alabama Consent to Conduct Background Check of a Minor (Required ONLY if the subject is a minor under 19 years of age.)
- Copy of 1 form of parent or legal guardian’s valid unexpired photo identification (Required ONLY if the subject is a minor under 19 years of age.)

### INSTRUCTIONS FOR SUBMISSION

- The subject of the investigation must complete the Application to Review Alabama Criminal History Record Information. Disregard sections that are struck through. This form is required to search the Alabama State Criminal Repository and fulfill the requirements of Public Law 101-647. **Please do not submit payment for this search.**
- The application must be accompanied by one copy of Subject’s valid unexpired photo identification. Forms of acceptable ID include US Passport, US State-Issued Driver License or Non-driver ID Card, Current International Driver’s License/Permit, US Armed Forces Driver License, Professional License Issued by a State or Federal Agency, US Military ID Card, and ID Card Issued by School w/Photo.
- If the subject is a minor under 19 years of age according to Alabama, the required forms must also include a signed and dated Alabama Consent to Conduct Background Check of a Minor form from a parent or legal guardian giving their permission for Alabama to conduct this search and provide Criminal History Record Information. The parent or legal guardian must also provide one copy of their valid unexpired photo identification.

### REQUIRED FIELDS

- Please ensure all required fields on the form/forms is/are complete, otherwise, this could result in a return of the form/forms from the state repository.
- Information is NOT required in fields/sections that are struck through.

### SIGNATURE REQUIREMENTS

- Subject is required to date and sign the request form in front of two witnesses or a notary public.
- **The notary’s signature date must correspond with the subject’s signature date. If dates differ, subject will be asked to complete another form.**

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 in 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____.

Complete one or the other, not both

ALABAMA LAW ENFORCEMENT AGENCY

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): Sex/Gender: Male Female

Aliases/Nickname:

Applicant Current Address:

City: State: Zip Code: SSN:

Date of Birth: (MM/DD/YYYY) Driver's License Number: Issuing State:

Race: White Black Asian Indian Other (please specify)

Home Phone: Mobile Phone: Work Phone:

WORK INFORMATION

Employer Name: N/A Employer Phone: { N/A }

Contractor Name: N/A Contractor Phone: { N/A }

State Agency: N/A Agency Phone: { N/A }

Work Email Address: N/A

Job Role/Classification: N/A Supervisor Name: N/A

Included with my Release are the following items:

- Completed Application signed by applicant and two witnesses OR 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.
PERSONAL REQUESTS ONLY: The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

AFFIDAVIT FOR RELEASE INFORMATION

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

Defense Counterintelligence and Security Agency (DCSA), PO Box 618, Boyers, PA 16018

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: AL Billed: Paid: No Charge:
Received By (Initials): /Date: / / Processed By (Initials): /Date: / /
Walk-In/Hand Delivered Mailed Status: Initials: Date: / /
Check#:
Background Check Qty: Total: \$
Certified Letter Qty: Total: \$

ALABAMA LAW ENFORCEMENT AGENCY  
**APPLICATION TO CHALLENGE**  
 Alabama Criminal History Record Information



**Appendix A**

An individual may Challenge or Appeal any portion of his or her own Criminal History Record Information (CHRI) maintained by the ALEA Criminal Records and Identification Unit that he or she believes to be **inaccurate**. To submit a challenge regarding criminal history record information (CHRI) provided by the Alabama Law Enforcement Agency, Criminal Records and Identification Unit. Please complete the steps described below and mail this form and all supporting documentation to:

**ALEA Criminal Records and Identification Unit – P.O. Box 1511 – Montgomery, AL 36102-1511 – ATTN: Record Challenge.**

Failure to properly complete the form or provide the appropriate documentation, may cause a delay in processing your request.

I, \_\_\_\_\_, wish to challenge my Alabama CHRI provided to me by the Alabama Law Enforcement Agency Criminal Records and Identification Unit on \_\_\_\_/\_\_\_\_/\_\_\_\_.

• I understand that I must return this challenge form, along with the documentation required below, to the ALEA Criminal Records and Identification Unit no later than one year in order to challenge this information under this request. I further agree and understand that I must submit a new Request to Review or Challenge my criminal history record information in accordance with the procedure established by the Alabama Justice Information (AJI) Commission should I wish to challenge my Alabama criminal history

• I understand that I must provide the following information regarding EACH arrest and/or disposition I am challenging to the ALEA Criminal Records and Identification Unit. I also understand that I must provide supporting documentation from the arresting agency and court (if applicable) to support my challenge.

• I understand that my challenge will be processed by the ALEA Criminal Records and Identification Unit official, along with the supporting documentation provided. I understand that the processing of my challenge by the originating criminal justice agency with which I was in custody over the challenged arrest and/or disposition may take several weeks or longer to complete.

*This form is not required for the background check process.*

the following information regarding EACH arrest and/or disposition I am challenging to the ALEA Criminal Records and Identification Unit. I also understand that I must provide supporting documentation from the arresting agency and court (if applicable) to support my challenge.

Identification Unit official, along with the supporting documentation provided. I understand that the processing of my challenge by the originating criminal justice agency with which I was in custody over the challenged arrest and/or disposition may take several weeks or longer to complete.

Please list the SPECIFIC charge, date, and agency		Disposition being challenged:
DATE	AGENCY	ARREST/CHARGE/DATE/AGENCY/CHARGE/AGENCY/CHARGE/AGENCY
1.		
2.		
3.		
4.		
5.		

Please also provide the following details:

**A. The details related to why each specific arrest or disposition listed above is inaccurate:**

**B. The information believed to be correct information for each arrest or disposition being challenged:**

**C. The agency and/or court where I obtained what I believe to be the correct supporting information (if applicable) from is:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_