



Application to Review Alabama Criminal History Record Information

Applicant Information

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: _____

Current e-mail address: _____

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Work Phone #: (_____) _____ Extension: _____

Included with my Application are the following items:

- Completed Application signed by applicant and two witnesses *or* notarized.
- The required copy of my valid photo identification (*see "Appendix B" for applicant instructions, required documents and accepted forms of identification*).
- A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required (*please see "Appendix C" for instructions*).

I, the above referenced individual, hereby request to Review my Alabama criminal history record information (CHRI) maintained by the Alabama Law Enforcement Agency. 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).

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__.