

This form is to only be filled out by first time applicants

STATE OF _____

RELEASE FORM

COUNTY OF _____

ABI -46 (3/94)

My name is _____ I reside at _____,
City of _____, state of _____ I am possessed
of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of
Public Safety to release any and all criminal history information they have on me to **Alabama Department
of Public Health, Office of EMS**, 201 Monroe Street, Montgomery, Alabama 36130-3017

I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama
Department of Public Safety and its 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 _____
SSN _____
Date of Birth _____ Race _____ Sex _____

Witness

Address

City State Zip

Witness

Address

City State Zip

Filled out by Notary Public

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

Notary Public
My Commission Expires _____

PLEASE NOTE: THIS DOCUMENT MUST BE WITNESSED BY TWO (2) WITNESSES, OR NOTARIZED BY A NOTARY PUBLIC.

Below Line for OEMS Office Use

OEMS Director: _____

Printed Name of OEMS Director

Signature of Person Requesting Record