



STATE OF ALABAMA
DEPARTMENT OF EDUCATION
TEACHER EDUCATION AND CERTIFICATION OFFICE

5201 GORDON PERSONS BUILDING
POST OFFICE BOX 302101
MONTGOMERY, AL 36130-2101
Telephone: (334) 242-9977 Fax: (334) 242-0498 E-mail: tcert@alsde.edu

RELEASE FORM FOR FINGERPRINT PROCESSING

THIS DOCUMENT MUST BE WITNESSED AND SIGNED BY TWO (2) WITNESSES, OR NOTARIZED BY A NOTARY PUBLIC.

STATE OF ALABAMA

If employed in Alabama, indicate the School System or Nonpublic School:

School Name: _____

School Address: _____
Street City

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 the Alabama State Department of Education, Teacher Education and
Certification Office, located at 50 North Ripley Street, Montgomery, Alabama 36104.

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 _____.

Signature

Sworn to and subscribed before me this _____ day of _____

Social Security Number

DOB Race Sex

Seal and Signature of Notary Public

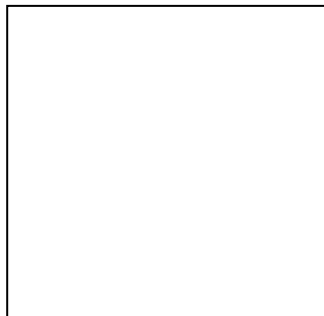
Witness Signature

My Commission Expires: _____

Address

For Office Use Only

City State ZIP Code



Witness Signature

Address

City State ZIP Code

TO BE COMPLETED BY THE STATE DEPARTMENT OF EDUCATION:

Person requesting this record:

June H. Mabry

June H. Mabry, State Teacher Certification Officer

Social Security Number

RETURN THIS FORM AS PART OF YOUR APPLICATION PACKET WHEN A BACKGROUND CLEARANCE IS REQUIRED.