

BUREAU OF INVESTIGATION

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize the release to representatives of the Alabama Department of Public Safety, Bureau of Investigation, and any other agency designated by or operating in concert with said Bureau, any and all information, privileged or otherwise, relating to my past record and character whether it be financial, academic, military, medical, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. I further agree that a photostatic copy shall have the same effect as the original. I understand any information so obtained will be utilized as deemed appropriate by the Alabama Department of Public Safety.

SIGNATURE _____

Subscribed before me this _____ day of _____ 20 ____.

NOTARY PUBLIC

MY COMMISSION EXPIRES:
