



KAY IVEY
GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
301 South Ripley Street
P. O. Box 301501
Montgomery, AL 36130-1501
(334) 353-3883



JOHN Q. HAMM
COMMISSIONER

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

This constitutes my consent and authorization for the disclosure or furnishing of any relevant and necessary personal information or records, whether the records are of a public, private or confidential nature, to the Alabama Department of Corrections (ADOC) by any person, corporation, agency, or association concerning my moral character, education, financial transactions, medical history, employment records, criminal records, driving records, military service records, and any other information as may be relevant and necessary for a determination on my suitability as an employee, volunteer, visitor, vendor, or contract employee with ADOC. I authorize and request the full release of the information, without any reservation, throughout the duration of my association with ADOC. Your reply will be used to assist the ADOC in making a determination on my suitability.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Alabama Department of Corrections (ADOC) in conjunction with the department's employment, volunteer, or visitation policies and/or other security matters and that this information is the sole property of the ADOC regardless of the outcome of this investigation. I fully understand that I shall not be entitled to have disclosed to me the contents of any of the documents, records, and other information provided.

I hereby release the persons, corporations, agencies, associations and their employees, agents, and representatives both individually and collectively, from any and all liability for damages of whatever kind, which may result because of compliance with this authorization and request.

PRINTED NAME

ALIAS NAMES (Also Known As, Maiden Names or Nicknames)

APPLICANT'S SIGNATURE

DATE

Sworn to and subscribed before me this _____ day of _____ A. D., 20_____

Notary Public

My Commission Expires: _____

NOTE: A PHOTOCOPY REPRODUCTION OF THE REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.
YOU MAY RETAIN THIS FORM IN YOUR FILE.