

**STATE OF ALABAMA  
BUREAU OF PARDONS AND PAROLES  
301 South Ripley Street  
Montgomery, AL 36104**

**WAIVER OF LIABILITY AND AUTHORITY FOR RELEASE OF INFORMATION**

**Name:** \_\_\_\_\_  
(Please print)

**DOB:** \_\_\_\_\_

**RACE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

**For Pardon, Remission of Fines, and Remission of Forfeitures:**

I authorize the Alabama Bureau of Pardons and Paroles, or any authorized representative of the Bureau, to collect any and all information or records concerning my work, school, military, reputation, financial or credit status, medical, physical, and mental health, including all information of confidential or privileged nature. This information is necessary to complete a background history and will remain confidential.

I hereby release the Alabama Bureau of Pardons and Paroles, its authorized representatives, and others from any liability or damage, which may result from collecting the information requested above.

A photostatic copy of this document may serve as authorization to collect and furnish the requested information.

\_\_\_\_\_  
**Signature** **Witness**

\_\_\_\_\_  
**Date** **Witness**

<b>ALABAMA BUREAU OF PARDONS AND PAROLES USE ONLY</b> <b>Tracking Number:</b> _____.
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