

STATE OF ALABAMA
BUREAU OF PARDONS AND PAROLES
100 Capitol Commerce Boulevard, Suite 310
Montgomery, AL 36117

WAIVER OF LIABILITY AND AUTHORITY FOR RELEASE OF INFORMATION

Name: _____
(Please print)

DOB: _____

RACE: _____ SEX: _____

SS#: _____

FOR: **PARDON APPLICATION**

 REMISSION OF FINE AND/OR FORFEITURE APPLICATION

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

ALABAMA BUREAU OF PARDONS AND PAROLES USE ONLY Tracking Number: _____.
