



# Alabama Behavior Analyst Licensing Board Request for Record Release

## SECTION I: Licensure Applicant Information

Applicant Name (Last, First Middle)

Street Address, City, State, & Zip

## SECTION II: Affidavit for Release of Information

I am possessed of sound mind and legally competent to execute this release. I hereby authorize the ALEA Records and Identification Division to release any and all criminal history information to:

**Alabama Behavior Analyst Licensing Board  
P.O. Box 168  
Mathews, AL 36052**

I do hereby for myself, my heirs, executors, and administrators release and forever discharge the ALEA Records and Identification Division 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 \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

Applicant's Signature\*

\*This affidavit must be signed by the applicant and witnessed by two (2) individuals OR notarized.

Witness's Name

Witness's Name

Witness's Street Address

Witness's Street Address

Witness's City, State, & Zip

Witness's City, State, & Zip

Sworn to and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

Notary's Signature \_\_\_\_\_ My commission expires on \_\_\_\_\_, 20 \_\_\_\_.