

ALABAMA LAW ENFORCEMENT AGENCY/CRIMINAL JUSTICE SERVICES DIVISION  
**CONSENT TO CONDUCT BACKGROUND CHECK OF A MINOR**



*\*This form must be completed by a parent of legal guardian\**

Date \_\_\_\_\_

\_\_\_\_\_ minor (name), is requesting a background check.

I, \_\_\_\_\_, parent or legal guardian, consent and authorize the Alabama Law Enforcement Agency to conduct a background check on the above-referenced minor. As the parent or legal guardian, I understand the purposes of this background check and hereby provide my consent for the background check.

**AUTHORIZATION:**

By signing below, I hereby certify that I am the parent or legal guardian of the above-referenced minor and that I consent to the background check.

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Minor's Date of Birth (for identification purposes only)

\_\_\_\_\_  
Parent or Legal Guardian Telephone #

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Date

*Questions about this form? Contact the Criminal Records and Identification Unit at 334-517-2450 | 08/2018*