

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

****COPY OF PARENT OR GUARDIAN DRIVERS LICENSE REQUIRED****