



# STATE OF ALABAMA STATE BANKING DEPARTMENT



## Credit Report Release Form (Please type or print in black ink)

My name is \_\_\_\_\_, I reside at \_\_\_\_\_,  
city of \_\_\_\_\_, state of \_\_\_\_\_, zip \_\_\_\_\_. I am possessed  
of sound mind and legally competent to execute this release. I hereby authorize the  
Alabama State Banking Department to access my credit report in connection with the  
license application.

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 the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_  
SSN : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Tax ID Number: \_\_\_\_\_

**Please Note:** This document must be witnessed by two (2) witnesses or notarized by a  
Notary Public.

\_\_\_\_\_  
Witness  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                  State                  Zip

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

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_

\_\_\_\_\_  
Witness  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                  State                  Zip