

STATE OF ALASKA  
DIVISION OF MOTOR VEHICLES  
DRIVING RECORD RELEASE

I, \_\_\_\_\_ do hereby  
PRINTED NAME

authorize the State of Alaska, Division of Motor Vehicles, to release my driving record to the following:

\_\_\_\_\_  
PRINTED NAME OF PERSON(S) OR COMPANY

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ALASKA DRIVER LICENSE NUMBER

There is a \$5.00 fee for each driving record requested.

Take to any DMV for processing, or mail to:

State of Alaska  
Division of Motor Vehicles  
Attn: Driving Records  
2760 Sherwood Lane, STE B  
Juneau AK 99801