

**STATE OF ALASKA**      TONY KNOWLES, GOVERNOR  
**Department of Administration**  
Division of Motor Vehicles

**\*Driving Record Release Form\***

I, \_\_\_\_\_ , do hereby authorize the

Department of Administration, Division of Motor Vehicles, to release

my Driving record to: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Alaska Drivers License #: \_\_\_\_\_

SSN#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_