

MVR Account No. _____

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: _____