

STATE OF ALASKA

TONY KNOWLES, GOVERNOR

Department of Administration
Division of Motor Vehicles

DRIVING RECORD RELEASE FORM

I, _____, do hereby authorize the
(PLEASE TYPE IN ALL INFO)

Department of Administration, Division of Motor Vehicles, to release my
driving record to: MVR's Inc. and Daniel D. Stevens, Inc.

Signature: _____

Date: _____
(PLEASE TYPE IN ALL INFO)

Alaska Drivers License #: _____
(PLEASE TYPE IN ALL INFO)

SSN#: _____
(PLEASE TYPE IN ALL INFO)

Date of Birth: _____
(PLEASE TYPE IN ALL INFO)