

**STATE OF ALASKA
DEPARTMENT OF PUBLIC SAFETY
REQUEST FOR CRIMINAL JUSTICE INFORMATION
From the Alaska Criminal History Record Repository**

Original forms must be submitted to:
Criminal Records and Identification Bureau
5700 E. Tudor Road, Anchorage, AK 99507
Telephone: (907) 269-5767 Fax: (907) 269-5091 (RSAs only)
Include fee: \$20 single copy, \$5 each additional copy
Check or money order must be made payable to 'State of Alaska'

Type of information being requested (from other than the record subject): (Choose ONE)

1. Criminal Justice Information available to **ANY PERSON for ANY PURPOSE**
 ▪ This report includes current/open criminal charges and charges that resulted in conviction, excluding sealed records.
2. Criminal Justice Information available to an **INTERESTED PERSON**
 ▪ This report includes all criminal charges and dispositions, excluding sealed records
- 2.A. If you checked item 2, the requester must provide the following information:
 I request this report for the purpose of determining whether to grant the record subject supervisory or disciplinary power over (check all that apply):

- Minor(s)
 Dependent adult(s)

Title or brief description of the position under consideration: _____

3. Criminal Justice Information needed for another purpose authorized by federal or state law.

Client Number: _____

If you check this box, you **must** provide the client number assigned by the DPS Records and Identification Bureau.

To obtain a client number, you must provide the applicable state or federal statute to this office for review and approval prior to submitting this request.

A check or money order payable to the State of Alaska in the amount of \$20 must accompany this request. Additional copies, if requested at the time of this request, may be obtained for an additional \$5 per copy. State agencies with a Reimbursable Services Agreement (RSA) in place may fax the appropriate forms. All other requests must be submitted via U.S. Postal Service or in person.

Subject Name: _____

Maiden/Alias name(s): _____

Mailing Address: _____

City/State/Zip: _____

Alaska Drivers License #: _____

Date of Birth: _____

Sex: -Male Female Soc Sec No. _____

Telephone: _____ Msg: _____

To be completed by the record subject: "I authorize the release of my criminal justice information record, (described above) to the named requester."

Signature of subject: _____

Date Signed: _____

Requester Name: Office of the Clerk

Title: Licensing Clerk

Business/Agency: Municipality of Anchorage

Mailing Address: PO Box 196650

City/State/Zip: Anchorage, AK 99519

Date of Birth: N/A Telephone: 343-4311

Sex: -Male - Female Soc Sec No. _____

The requested record will be mailed to the above named individual at the listed address. If you would like the record faxed, check the box below:

Fax Number: 249-7533

Signature of requester: Barbara E. Jones

Date Signed: 10/26/10

Unsworn Falsification Statement (Your request will not be processed if you do not sign this statement.)

I certify under penalty of unsworn falsification (AS 11.56.210) that the information I am supplying on and with this form is true and correct.

Record Subject's Signature _____

Date _____