

**STATE OF ALASKA
DIVISION OF MOTOR VEHICLES**

COMPANY RELEASE FOR MULTIPLE DRIVING RECORDS

The undersigned do hereby authorize the State of Alaska, Division of Motor Vehicles, to release my driving record to the following business or company:



Company or Business Name (Please Print)

Telephone Number



Company or Business Name (Please Print)

Telephone Number



| ALASKA # | PRINTED NAME | RECORD TYPE | SIGNATURE |
|----------|--------------|-------------|-----------|
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |

Please fax this signed release to

CONFIDENTIAL