

**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**