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 X	
		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	