

**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: _____

Title: _____

Business/Agency: _____

Mailing Address: _____

City/State/Zip: _____

Date of Birth: _____ Telephone: _____

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: _____

Signature of requester: _____

Date Signed: _____

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 _____

<input type="checkbox"/> Fee Payment Type _____	Criminal Records and Identification Bureau Use Only	<input type="checkbox"/> Report Sent to Subject _____
<input type="checkbox"/> Fee Waiver/Authorization _____		<input type="checkbox"/> Report Sent to Requester _____
<input type="checkbox"/> OCA Number _____		<input type="checkbox"/> R&I Staff Initials _____

Authority:

- AS 11.56.210 - Unsworn Falsification
- AS 12.62.160 - Release and Use of Criminal Justice Information; fees
- AS 12.62.900 - Definitions
- 13 AAC 68 Article 4 - Dissemination of Criminal Justice Information
- 13 AAC 68.905 - Definitions

- DPS Form 11/15/03
- Revised 2/09/04
- Revised 3/01/04
- Revised 4/20/04
- Revised 11/15/04
- Revised 1/13/05
- Revised 7/12/06