

**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
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 the record subject**): (Choose ONE)

1. Criminal Justice Information available **only to the SUBJECT**
- This report includes all criminal charges and dispositions, including any sealed record.
 - If the record subject has a sealed record this box **MUST** be checked
2. 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.
3. Criminal Justice Information available to an **INTERESTED PERSON**
- This report includes all criminal charges and dispositions, excluding sealed records

*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: _____

MAILING ADDRESS TO SEND REPORT:

Name: _____

Title: _____

Mailing Address: _____

City/State/Zip: _____

If you would like the record faxed to you, provide a Fax Number: _____

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

Criminal Records and Identification Bureau Use Only

<input type="checkbox"/> Fee Payment Type _____	<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 2/24/04

Revised 4/20/04

Revised 11/15/04

Revised 1/13/05

Revised 6/13/05