

MVR Account No. \_\_\_\_\_

**STATE OF ALASKA  
DIVISION OF MOTOR VEHICLES**

**DRIVING RECORD RELEASE**

I, \_\_\_\_\_, do hereby authorize the State of Alaska,  
PRINTED NAME

**Division of Motor Vehicles, to release my driving record to the following:**

**MVR's Inc. and**  
\_\_\_\_\_  
PRINTED NAME OF PERSON(S) OR COMPANY

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ALASKA DRIVER LICENSE NUMBER

419(REV 8/2001)

## Instructions for Alaska Release Form

- Please provide MVR Account Number in upper right corner
- Driver to fill out and sign
- For “Printed Name of Person(s) or company – The blank must have MVR’s Inc. typed in and the end user must be typed in for Alaska to accept