

**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.

<p>Subject Name: _____</p> <p>Maiden/Alias name(s): _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Alaska Drivers License #: _____</p> <p>Date of Birth: _____</p> <p>Sex: <input type="checkbox"/> -Male <input type="checkbox"/> -Female Soc Sec No. _____</p> <p>Telephone: _____ Msg: _____</p> <p>To be completed by the record subject: "I authorize the release of my criminal justice information record, (described above) to the named requester."</p> <p>Signature of subject: _____</p> <p>Date Signed: _____</p>	<p>Requester Name: <u>Louise Samson</u></p> <p>Title: <u>Adoption Services Coordinator</u></p> <p>Business/Agency: <u>A New Beginning Adoption Agency</u></p> <p>Mailing Address: <u>9703 W. Ustick Rd.</u></p> <p>City/State/Zip: <u>Boise, ID 83704</u></p> <p>Date of Birth: _____ Telephone: <u>208-939-3865</u></p> <p>Sex: <input type="checkbox"/> -Male <input type="checkbox"/> - Female Soc Sec No. _____</p> <p>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:</p> <p><input type="checkbox"/> Fax Number: _____</p> <p>Signature of requester: <u>Louise E Samson</u></p> <p>Date Signed: _____</p>
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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 _____