

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

Criminal Records and Identification Bureau Use Only

☐ Fee Payment Type _____
☐ Fee Waiver/Authorization _____
☐ OCA Number _____

☐ Report Sent to Subject _____
☐ Report Sent to Requester _____
☐ 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//27/06