

**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: Kyli Klinger

Title: Program Assistant II

Business/Agency: Office of Licensure & Accreditation

Mailing Address: 700 Governors Dr

City/State/Zip: Pierre, SD 57501

Date of Birth: _____ Telephone: 605-773-3612

Sex: -Male - Female Soc Sec No. NA

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

<input type="checkbox"/> Fee Payment Type _____
<input type="checkbox"/> Fee Waiver/Authorization _____
<input type="checkbox"/> OCA Number _____

<input type="checkbox"/> Report Sent to Subject _____
<input type="checkbox"/> Report Sent to Requester _____
<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//27/06